



BAY PATH UNIVERSITY

Recommendation for OCCUPATIONAL THERAPY PROGRAMS

TO BE COMPLETED BY APPLICANT.

Name _____
(DR., MR., MRS., MS., MISS) LAST FIRST MIDDLE INITIAL

I hereby waive any rights to examine this recommendation form. I understand that Bay Path University will hold this information in confidence. ☐ Yes ☐ No

► APPLICANT'S SIGNATURE

PLEASE SELECT YOUR DEGREE PREFERENCE

☐ Master of Occupational Therapy ☐ Master of Occupational Therapy – Bridge ☐ Occupational Therapy Doctorate

TO BE COMPLETED BY RECOMMENDER.

Recommender _____

Title _____

Organization _____

Address _____

1. How long and in what capacity have you known the applicant?

2. Are you aware of the applicant's academic record? ☐ Yes ☐ No

3. Do you believe that the applicant is prepared academically for the challenges of the graduate program? ☐ Yes ☐ No

4. Do you feel the applicant is prepared emotionally for the challenges of the graduate program? ☐ Yes ☐ No

5. Please rate the applicant in each of the following areas

	EXCELLENT	GOOD	AVERAGE	POOR	UNABLE TO JUDGE
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you consider the applicant's achievements thus far to be a true indication of his/her ability? ☐ Yes ☐ No

Please explain your response.

7. **Summary evaluation.** Please indicate your overall recommendation for this applicant

☐ Highly recommend ☐ Recommend ☐ Recommend with reservations ☐ Do not recommend

Continued on reverse. ►

8. Please provide a written evaluation of the applicant for the Graduate Admissions Committee. Your candid assessment of the applicant's potential for success both academically and professionally would be most helpful to the committee in its selection process. You may use this sheet or attach your evaluation.

► RECOMMENDER'S SIGNATURE

DATE

SUBMIT YOUR RECOMMENDATION FORM

Please mail or email to:

☐ Office of Graduate Admissions
588 Longmeadow Street
Longmeadow, MA 01106
otgraduate@baypath.edu

Submit Form