Lackawanna College Occupational Therapy Assistant (OTA) Program Professional Reference Form

REFERENCE CANNOT BE FROM A FAMILY MEMBER OR CLOSE PERSONAL FRIEND

To the Applicant: It is recommended that you provide each reference with a copy of this reference form. If you must provide your references with a physical copy, it is further recommended that you provide each reference with a pre-addressed, stamped envelope with this form. Pre-address the envelope with the address listed below.

To the Reference: This individual is applying to Lackawanna College's Occupational Therapy Assistant (OTA) program. This program is rigorous and requires 24 months to complete, including 16 weeks of full-time, hands-on training in the field of occupational therapy. Upon completion of the program, the applicant will be a healthcare professional. Please honestly and objectively answer the questions below and provide a statement regarding the applicant to help us determine their likelihood for success in our OTA program. We want our students to do well, and a poor fit between the applicant and the program does not facilitate success.

Your form may be returned digitally to OTAadmissions@lackawanna.edu or in a sealed envelope with your signature evident across the seal. Please return this form directly to the following address:

Lackawanna College OTA Program c/o Admissions Department 501 Vine Street Scranton, PA 18509

Name of Applicant			
Name of Reference			
Reference Phone Number			
Relationship to Applicant			
Relative or Close Personal Friend of Applicant?	Yes	No	
	Yes	No	

Please rate the applicant in the following areas.

1	How d	n	VOII	rate	the	annl	icant'	5 (communi	icati	on s	killa	:?
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Very Poor Below Average Average Above Average Excellent

Examples:



2. How do you rate	e the applicant's orga	anizational skills	s?	
Very Poor	Below Average	Average	Above Average	Excellent
Examples:				
3. How do you rate	e the applicant's stre	ess management	: skills?	
Very Poor	Below Average	Average	Above Average	Excellent
Examples:				
4. How do you rate	e the applicant's init	iative?		
Very Poor	Below Average	Average	Above Average	Excellent
Examples:				
5. How do you rate	e the applicant's abil	ity to work inde	pendently?	
Very Poor	Below Average	Average	Above Average	Excellent
Examples:				
6. How do you rate	e the applicant's abil	ity to work with	others?	
Very Poor Examples:	Below Average	Average	Above Average	Excellent
7. How do you rate	e the applicant's time	e management?	,	
Very Poor	Below Average	Average	Above Average	Excellent
Examples:				



_	Below Average	Average	Above Average	Excellent
Examples:				
dow do vou rat	te the annlicant's ca	anacity to he re	silient and adaptable	7
Very Poor	Below Average	Average	Above Average	Excellent
Examples:				
How do you ra	ate the applicant's	perseverance?		
Very Poor	Below Average	Average	Above Average	Excellent
Examples:				
How do you ra Very Poor Examples:	ate the applicant's Below Average	reliability? Average	Above Average	Excellent
Very Poor Examples:	Below Average	Average	Above Average nd follow directions f	
Very Poor Examples:	Below Average	Average		



14. How do you rate the applicant's ability to make a long-term commitment to our Occupational Therapy As	sistant
program?	

Very Poor Below Average Average Above Average Excellent

Examples:

Please use the space below to make a statement regarding the best qualities that this applicant possesses that would contribute to their success as a healthcare professional. Also, describe any obstacles this applicant might need to overcome in becoming a healthcare professional.

