



## OCCUPATIONAL THERAPY PROGRAM

### Recommendation for Admission

**Student Name:** \_\_\_\_\_

The above student has applied for admission to the Occupational Therapy Program at Mount Mary University. We are asking for you to assist us by indicating your observations in the following areas. Please return this recommendation to the address on the back of the form. **This recommendation cannot be filled out by a friend or family member of the applicant.**

**I have known this applicant for \_\_\_\_\_ years, \_\_\_\_\_ months.**

<u>INTERPERSONAL SKILLS</u>	<u>Excellent</u>	<u>Good</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
<b>Peer Interaction:</b>				
Initiates peer interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect for peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperates with peers on tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingly offers to help others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interaction with Authority:</b>				
Willingly complies with expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>PROBLEM SOLVING SKILLS</u>				
Completes tasks in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies resources to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tries varied approaches to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(over)

<u>COMMUNICATION SKILLS</u>	<u>Excellent</u>	<u>Good</u>	<u>Needs Improvement</u>	<u>Not Observed</u>
<b>Oral Communication:</b>				
Communicates using language appropriate to the designated audience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates with others in a mature, professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Written Communication:</b>				
Demonstrates acceptable use of spelling, grammar, punctuation, and sentence structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops and organizes ideas purposefully and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMITMENT TO LEARNING/ WORK</u>				
Sets and attains goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independently seeks out opportunities for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks to achieve beyond minimum expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>ADDITIONAL COMMENTS:</u>				

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Position/ Organization: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For BS/MS students (applicants with no Bachelor's), please return this form to the address or email below:</b>	<b>For MSOT students (applicants with a Bachelor's), please return this form to the address or email below:</b>
Mount Mary University Occupational Therapy Department 2900 N. Menomonee River Pkwy Milwaukee, WI 53222	Mount Mary University Graduate Admissions Office 2900 N. Menomonee River Pkwy Milwaukee, WI 53222
mmu-ot@mtmary.edu	mmu-admissop@mtmary.edu

If possible, please attach a business card here.

***Thank you for completing this form!***

Questions about this form can be directed to the O.T. Dept. at 414-930-3059 or [mmu-ot@mtmary.edu](mailto:mmu-ot@mtmary.edu)