



Middle Georgia
State University

SCHOOL OF HEALTH SCIENCES
1100 Second Street, SE
Cochran, GA 31014
(478) 934-3314

**Occupational Therapy Assistant Program
Applicant Reference**

To Whom it May Concern,

Thank you for taking the time to complete this reference for an OTA Program applicant. We appreciate your honest assessment of the applicant's professionalism as we select the next cohort for admission to the OTA Program. Because occupational therapy is a healthcare profession, we expect our students to exhibit the highest standards of professionalism, integrity, and skill. In order to be considered, you must return this reference form to Jamie.loyd1@mga.edu from your **work** email address ONLY. Please contact us at 478-934-3057 if you have any questions. Thanks again!

References may be submitted up until May 15, 2017.

Please note: only complete the form that best applies to your knowledge of the applicant.

1. Employers complete the Professional Reference Form
2. Instructors complete the Academic Reference Form

MGA OTA Program Applicant Professional Reference Form

Applicant's Name: _____

How long have you known this individual? _____

What capacity did this individual hold at your organization? _____

Please rate the individual on the following capacities:

	Outstanding (Top 1%)	Excellent (Next 5%)	Good (Next 10%)	Average (Next 25%)	Poor (Below 50%)
Motivation and Initiative					
Attendance, punctuality, and work					
Overall quality of work					
Communication skills: - Able to articulate thoughts clearly - Able to convey written thoughts clearly					
Problem solving and critical thinking - Able to solve problems independently - Seeks assistance only when needed					
Developmental Potential -demonstrates potential for professional growth					
Accepts feedback -does not become defensive -uses feedback to make changes					
Professionalism - Demonstrates level of interpersonal skill and emotional stability needed for a healthcare profession					
Overall impression -I would recommend this student for the OTA Program					

Signature _____ Date _____

Printed Name & Title: _____ Name of Organization: _____

MGA OTA Program Applicant Academic Reference Form

Student Name _____ ID# _____

In which course did you teach the student? _____

	Outstanding	Excellent	Good	Average	Poor
	(Top 1%)	(Next 5%)	(Next 10%)	(Next 25%)	(Below 50%)
Academic Interest, Motivation, and Initiative					
Attendance, arrives to class on time, turns assignments in on time					
Overall quality of work					
Oral communication skills -can articulate thoughts -presentation skills -maintains eye contact					
Written communication skills -spelling and grammar -ability to organize thoughts in written format					
Participates in class -frequently contributes -comments are appropriate					
Problem solving and critical thinking -seeks assistance from instructor if needed, but only when needed					
Developmental Potential -demonstrates potential for professional growth					
Accepts feedback -does not become defensive -uses feedback to make changes					
Overall impression -I would recommend this student for the OTA Program					

Faculty Signature _____ Date _____

Printed Name _____