

**Lackawanna College
 Occupational Therapy Assistant Program
 Personal/Professional Reference**

Reference cannot be from a family member.

To the applicant: It is recommended you provide each reference with a pre-addressed, stamped envelope with this reference 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 this program the applicant will be a healthcare professional. Please honestly and objectively answer the questions below and provide a typed or neatly printed statement regarding the applicant, to help us determine the applicant's likelihood for success in our OTA program. We want our students to do well and a poor fit between applicant and program does not facilitate success.

Your form must be returned in a sealed envelope with your signature evident across the seal. Please return the form directly to the following address:

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

Applicant's Name	
Name of Reference	
Reference Phone Number	
Relationship to Applicant	
Relative or Close Personal Friend of Applicant	Circle one: Yes No
How long have you known applicant?	
In what capacity have you known applicant?	

Please rate the applicant in the following areas (circle your answer):

1. How do you rate the applicant's communication skills?
very poor below average average above average excellent
 examples _____

2. How do you rate the applicant's organizational skills?
very poor below average average above average excellent
 examples _____

3. How do you rate the applicant's stress management skills?
very poor below average average above average excellent
 examples _____

4. How do you rate the applicant's initiative?
very poor below average average above average excellent
 examples _____

5. How do you rate the applicant's ability to work independently?
very poor below average average above average excellent
examples _____
6. How do you rate the applicant's ability to work with others?
very poor below average average above average excellent
examples _____
7. How do you rate the applicant's time management?
very poor below average average above average excellent
examples _____
8. How do you rate the applicant's capacity to be creative or to problem-solve in real-life situations?
very poor below average average above average excellent
examples _____
- How do you rate the applicant's capacity to be resilient and adaptable?
very poor below average average above average excellent
9. examples _____
10. How do you rate the applicant's perseverance?
very poor below average average above average excellent
examples _____
11. How do you rate the applicant's reliability?
very poor below average average above average excellent
examples _____
12. How do you rate the applicant's ability to take and follow directions from supervisors?
very poor below average average above average excellent
examples _____
13. How do you rate the applicant's ability to give directions and/or persuade or motivate others?
very poor below average average above average excellent
examples _____
14. How do you rate the applicant's ability to make a long term commitment to our occupational therapy assistant program?
very poor below average average above average excellent
examples _____

In the space below, please make a statement regarding the best qualities this applicant possesses that would contribute to his/her success as a healthcare professional. Also, describe any obstacles this applicant might need to overcome in becoming a healthcare professional. (please print clearly and attach additional pages as needed)
