RECOMMENDATION AND VERIFICATION OF *VOLUNTEER/WORK EXPERIENCE* IN OCCUPATIONAL THERAPY CLINIC OR WORK SETTING

XAVIER UNIVERSITY

Department of Occupational Therapy
3800 Victory Parkway
Cincinnati, OH 45207-7341
Phone 513 745-3150
Fax 513 745-3261

NOTE: Volunteer/work experience may not be evaluated by a personal friend or relative.

Applicant, please fill out the next section completely--failure to do so, could invalidate this form.

APPLICANT

Applicant's Name: _____

Applicant's Address: _____

_____

Practitioner who will be completing form: _____

How long practitioner has known applicant: _____

In what capacity has practitioner known applicant: _____

Check One: [ ] I waive the right to view this letter of recommendation in my file at Xavier University.

[ ] I do not wish to waive this right; I wish to retain the right to view this letter in my file at Xavier University.

Signature of Applicant: _____ Date: _____

The next section is to be completed by the occupational therapy practitioner who supervised the applicant in the applicant's volunteer or paid work experience. Please note that applicants are encouraged to get this experience in their home community, to decrease the demand on occupational therapy practitioners in facilities close to Xavier University, that is, in the Greater Cincinnati area.

OCCUPATIONAL THERAPY PRACTITIONER

I verify that the above applicant has completed _____ (minimum of 20 hours) hours of paid or volunteer work experience in the setting in which I work and has asked relevant questions about the field.

On the basis of my supervision of this individual, I have been able to observe her/his interaction with others, work habits, or other qualities that are generally considered essential for a career in human services, specifically occupational therapy. Therefore, I: (please check one)

(*Please understand that the Admissions Committee relies heavily on your observations and input. We would appreciate any insights you can provide. Listed below are recommendations used in our admissions selection process as represented by the scale below.*

_____ highly recommend this applicant for a career in human services
_____ recommend this applicant for a career in human services
_____ recommend with reservations
_____ have grave concerns (please feel free to specify these concerns in narrative comment)
_____ do not recommend this applicant for a career in human services

Signature of Occupational Therapy Practitioner: _____ Date: _____

(OVER) →

After completing the applicant rating section, please type or print below any additional comments you have generally addressing the applicant's potential to work in human services:

_____

_____

_____

_____

_____

Occupational Therapy Practitioner Name: _____

OT License Number: _____ State: _____

Title/Position: _____

Institution/Organization and Address: _____

_____

_____

Office Telephone: _____

May we contact you if we have further questions regarding this applicant? Yes_____ No_____

THIS FORM WILL NOT BE ACCEPTED AS A DUPLICATE. ORIGINAL FORM MUST BE MAILED BY THE OCCUPATIONAL THERAPIST SUPERVISOR AND NOT MAILED BY THE APPLICANT; DOING SO WILL INVALIDATE THIS FORM.

Mail Completed Form to: **Xavier University**
Occupational Therapy Department
3800 Victory Parkway
Cincinnati, OH 45207-7341