

Ozarks Technical Community College  
Occupational Therapy Assistant Program – **DUE BY APRIL 15**

PERSONAL REFERENCE FORM

Note: The applicant cannot be scored unless both sides of this form are completed.  
Recommendations should be completed by previous or current supervisors or instructors.

Applicant's Name \_\_\_\_\_ has given this form to you so that you may support his/her application for admission into Ozarks Technical Community College Occupational Therapy Assistant Program.

I do/do not (circle one) waive my right of access to this Personal Reference Form as stated in the Family Education Rights and Privacy Act (Buckley Amendment) of 1974.

Please note: If the applicant fails to complete the waiver section for the Family Educational Rights and Privacy Act, we will consider the applicant has **NOT** waived his/her rights, and will permit the applicant access to this reference upon request.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**(This form must be completed, place in an envelope, sealed with your signature across the seal and returned to the applicant for processing.)** The information you provide will be used only in the application file of this applicant, and will be held in strict confidence as delineated by the Family Educational Rights and Privacy Act of 1974.

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How well do you know this applicant:

Very well \_\_\_\_\_ Well \_\_\_\_\_ Not well \_\_\_\_\_ Not at all \_\_\_\_\_

Length of acquaintance:

Years \_\_\_\_\_ Months \_\_\_\_\_ Semesters \_\_\_\_\_

Optional Comments: (e.g., potential for success as an Occupational Therapy Assistant, academic ability, etc.)

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Rating of Applicant - (based upon your direct observation & knowledge of the applicant)

|                                      | Exceptional | Above Average | Average | Below Average | Not Observed |
|--------------------------------------|-------------|---------------|---------|---------------|--------------|
| Ability to work with group           |             |               |         |               |              |
| Organizational qualities             |             |               |         |               |              |
| Writing ability                      |             |               |         |               |              |
| Interpersonal skills                 |             |               |         |               |              |
| Adaptability/flexibility             |             |               |         |               |              |
| Responsibility/dependability         |             |               |         |               |              |
| Acceptance of constructive criticism |             |               |         |               |              |
| Confidence                           |             |               |         |               |              |
| Verbal communication skills          |             |               |         |               |              |
| Initiative                           |             |               |         |               |              |

Signature\_\_\_\_\_

Date\_\_\_\_\_

Title or Position\_\_\_\_\_

Phone\_\_\_\_\_

Directions: Fax, hand deliver to the Allied Health office, or mail the completed form to:

Ozarks Technical Community College  
 Allied Health Office  
 1001 East Chestnut Expressway  
 Springfield, MO 65802-3625  
 (417) 447-8806 fax