



### Recommendation Form for MSOT Admission

2300 MacCorkle Ave SE, Charleston, WV 25304

Main Phone: (800) 995-4682

Program Director Phone: 304-352-0090

Email: [brandybrown1@ucwv.edu](mailto:brandybrown1@ucwv.edu)

### Section 1: To be completed by the applicant.

**Applicant Instruction:** Please provide a copy of this form to the individual(s) you wish to complete your recommendation for the Master of Science of Occupational Therapy (MSOT) Program at the University of Charleston. To process your application, you will need a completed recommendation form from 2 individuals who are not relatives. One must be a former supervisor/coach/mentor and the other must be from an instructor you have had within the past 6 months.

Please type or print clearly:

Last Name

First Name

Middle Name

Phone Number

Email

Term Applying For (Semester/Year e.g. Fall/2010)

### Section 2: To be completed by the recommender.

**Recommender Instruction:** Please complete this section to the best of your ability. The first section, 2a, asks for your information and how you know the applicant. In section 2b you will be asked to rate the applicant's level of skill in a variety of areas in the skills table. Section 2c provides you with the opportunity to provide a written assessment of the applicant and section 2d is where you will provide your overall recommendation.

**Section 2a.**

Please provide your information in the spaces below and answer the questions regarding how you know the applicant.

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Name (please type or print)

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Employer

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Address

Relationship to applicant (e.g. instructor, professor, supervisor): \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

**Section 2b.** Using the table below, please rate the applicant's level of each of the listed skills/characteristics based on your observations of his/her/their performance. If you have not observed the applicant's ability in any of the areas in the table, please check the last column titled "Inadequate Opportunity to Observe". Checking this column will not negatively impact the applicant's score.

<b>Please check one of the following:</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Top 10%</b>	<b>Inadequate Opportunity to Observe</b>
Ability to work with others					
Creativity and innovation					
Empathy					
Professionalism					
Oral Communication Skills					
Written Communication Skills					
Problem Solving					
Motivation					
Integrity					
Potential as an Occupational Therapist					

**Section 2c.** Please provide a written assessment of the applicant here. Explain the reasoning behind the ratings the applicant was given in section 2b. Feel free to also provide additional information about the applicant's strengths and weaknesses and potential for success in our program.

**Section 2d.** Please provide your overall recommendation of the applicant for this program:

Highly Recommend       Recommend       Recommend with some Reservations

Do not Recommend       Unable to Observe

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**Signature**

**Date**

**Provide the applicant with a PDF copy of your recommendation for his/her/their files. And then email or mail the completed Form to:**

**Jenny Newhouse  
Administrative Assistant to the MSOT Program  
2300 MacCorkle Ave SE, Charleston, WV 25304  
jennynewhouse@ucwv.edu**