

**SAN JOSE STATE UNIVERSITY
DEPARTMENT OF OCCUPATIONAL THERAPY**

**Evaluation Form for Volunteer Work
Experience with a Community Agency**

APPLICANT:

Please fill in your name and address below then deliver this form to a community agency supervisor who is in a position to evaluate your volunteer work. Be sure to distribute the appropriate Evaluation Form for Volunteer Work Experience to each supervisor. Have them complete and *return the form in a sealed envelope to you* for inclusion in application packet to O.T. Office.

Carefully write & mark your Social Security number in the grid below.

Name: _____
Last First MI

Address: _____
Street

City State ZIP

Phone: () _____

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

EVALUATOR (The person completing this evaluation MUST have supervised the above named individual's volunteer work performed in a community agency setting.)

The applicant named above is requesting you complete this evaluation form in support of his/her admission to the Occupational Therapy program at San Jose State University. Please rate the applicant named above on each of the following 15 characteristics. Completely darken the oval which best reflects your judgment about the applicant.

	Excellent	Good	Fair	Poor	Have not observed
1. Shows concern for others:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Demonstrates appropriate personal-social skills:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Personal disposition:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ability to work with and under the direction of others:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Dependability and reliability:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Demonstrates professional initiative:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Effectively manages stress:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Personal appearance:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Communicates effectively:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Attendance:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Problem solving ability:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Leadership ability:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Poise and self-confidence:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Demonstrates adequate physical agility and stamina:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Adaptable; flexible and open to new ideas:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- SUMMARY RECOMMENDATION:**
- I would highly recommend applicant.
 - I would recommend applicant.
 - I hesitate to recommend applicant.
 - I would not recommend applicant.
 - I do not feel qualified to make a recommendation.

OFFICE USE ONLY

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

Please complete the back side of this form.

Number of hours applicant was supervised: _____

Briefly describe duties performed by the applicant:

COMMENTS:

Signature: _____

Date: _____

Print Name: _____

Title: _____

Facility: _____

For further information or answer to questions call (408) 924-3070.

Please return form to:

Occupational Therapy Office
San Jose State University
One Washington Square
San Jose, CA 95192-0059

Please return this completed form in a sealed envelope to the applicant who gave it to you.