

Evaluation Form for Volunteer or Work Experience

GRADUATE APPLICANT:

Please fill in your name and address and deliver this form to a (registered) Occupational Therapist or community agency supervisor who has supervised you on a work/volunteer experience.

Name: _____
Last
First
Middle

Address: _____
Street
City
State
Zip

Phone: _____ Email address: _____

I realize this is a confidential letter of recommendation:

Signature: _____

EVALUATOR: (OTR or Community Agency Supervisor)

Please rate the applicant named above on each of the following 15 characteristics. Completely darken the square that best reflects your judgment about the applicant. Also, please complete the comments section.

	Outstanding	Very Good	Average	Below Average	Have not observed
<u>1. Ability to communicate concern for others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>2. Demonstrates appropriate personal-social skills</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>3. Work Ethic - willingness to assume responsibility</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>4. Is able to work with and under the direction of others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>5. Is dependable and reliable</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>6. Demonstrates professional initiative</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>7. Ability to effectively manages stress</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>8. Dresses appropriately for the site</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>9. Oral communication skills</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>10. Demonstrates problem solving ability</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>11. Displays appropriate poise and self-confidence</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>12. Demonstrates adequate physical agility and stamina</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>13. Is adaptable, flexible and open to new ideas</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

San José State University, Department of Occupational Therapy
Evaluation Form for Volunteer or Work Experience

SUMMARY RECOMMENDATION: Outstanding (highest 5%)

Compared to other volunteers you Very Good (highest 10%)
 have worked with/recommended, Average (upper 50%)
 this volunteer is ranked: Below Average (lower 50%)
I do not feel qualified to make a recommendation

Number of hours applicant was supervised by an OTR: _____

Number of hours applicant was supervised by a community agency supervisor: _____

1) Briefly describe duties performed by the applicant: _____

2) Please comment on both the volunteer's major areas of strength and areas of weakness: _____

Signed: _____ Print Name: _____

Title: _____ Date: _____

Facility: _____ Phone No. _____

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

Please return form to: The applicant in a sealed envelope OR to the

Department of Occupational Therapy
Attn.: Entry-Level MS Admissions Committee
San José State University
One Washington Square
San Jose, CA 95192-0059