The University of Texas at Tyler Master of Occupational Therapy

Entry Level MOT Recommendation Form

As part of the application process to the MOT program, prospective students are required to submit a recommendation from two people with whom the applicant has worked in a supervisory arrangement.

Attached you will find the form with which to rate the applicant's performance. Your comments will be held in confidentiality. Please complete the form, scan, and email it to gradadmissions@uttyler.edu

Thank you for your willingness to assist in the process of selecting entry level occupational therapy students who will be an asset to the profession. I can be reached at the email address below, should you need further information.

Sincerely,

Anjali Parti

Anjali Parti, OTD, OTR Department Chair of Rehabilitation Sciences Occupational Therapy Program Director

The University of Texas at Tyler

Email: aparti@uttyler.edu

The University of Texas at Tyler Master of Occupational Therapy Program EMOT Applicant Supervisor Recommendation Form

Applicant (Last Name, First Name) Applicant's Student ID #/Application Reference # (required) Applicant is applying for an entry level master of occupational therapy program, and I have agreed to give a recommendation based upon my experience while supervising him or her. This form should be completed by a supervisor who has supervised the applicant in a professional capacity. No friends or relatives of applicants should complete this form. Time period during which you supervised the applicant who is applying. (Month/Year) through (month/year) □ I certify that the above applicant has been under my formal supervision. □ I certify that I am not a relative or personal friend of the applicant named above. □ I acknowledge that by completing this form I may be contacted further in reference to this applicant. **PRINTED Name of Supervisor** SIGNATURE of Licensed Occupational Therapist Today's Date **Contact information for Supervisor providing recommendation** Facility or Agency Name Mailing address

<u>email</u>

Phone number

 Indicate the setting/s in which you have observed the applicant: (select all that apply, and feel free to add information as needed for clarity)
Adult physical rehabilitation setting
Adult psychiatric setting
Home Care
Pediatrics
School Based
Specialty area (name)
Other (name)

Please rate the applicant on each attribute below.

The applicant demonstrates the ability to:

1. Recognize and differentiate facts, and distinguish	Above Average	Average	Below Average	Not Observed
relevant from irrelevant information.	3	2	1	n/o
2. Effectively communicate through verbal, non-verbal,	Above Average	Average	Below Average	Not Observed
reading, writing and listening in persons and in groups.	3	2	1	n/o
Recognize and define problems, analyze information,	Above Average	Average	Below Average	Not Observed
develop and implement solutions, and evaluate outcomes.	3	2	1	n/o
4. Interact effectively with patients, families, colleagues, other healthcare professionals, and the community with sensitivity to cultural and ethnic diversity.	Above Average	Average	Below Average	Not Observed
	3	2	1	n/o
5. Accountable for the outcomes of personal and professional actions and to follow through on commitments.	Above Average	Average	Below Average	Not Observed
	3	2	1	n/o
6. Initiate tasks or ideas	Above Average	Average	Below Average	Not Observed
6. Initiate tasks or ideas	Above Average	Average 2	Below Average	Not Observed
6. Initiate tasks or ideas 7. Seek out and identify quality sources of feedback, reflect		2		n/o
	3	2	1	n/o
7. Seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.8. Manage time and resources effectively to obtain	3 Above Average	2 Average	1 Below Average 1	n/o
7. Seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.	3 Above Average	2 Average	1 Below Average 1	n/o Not Observed n/o
7. Seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.8. Manage time and resources effectively to obtain	3 Above Average 3 Above Average	2 Average 2 Average 2	1 Below Average 1 Below Average	n/o Not Observed n/o Not Observed
 7. Seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others. 8. Manage time and resources effectively to obtain maximum possible benefit. 	3 Above Average 3 Above Average 3	2 Average 2 Average 2	1 Below Average 1 Below Average 1	n/o Not Observed n/o Not Observed n/o
 7. Seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others. 8. Manage time and resources effectively to obtain maximum possible benefit. 	3 Above Average 3 Above Average 3 Above Average 3	2 Average 2 Average 2 Average 2	1 Below Average 1 Below Average 1 Below Average	n/o Not Observed n/o Not Observed n/o Not Observed n/o

Overall Evaluation (Check one)

☐ Do not recommend [comment]
☐ Recommend with reservation [comment]
☐ Highly recommend [comment]

Additional Comments/things you would like us to know about the applicant: