

**The University of Texas at Tyler
Master of Occupational Therapy**

OTR Recommendation Form

As part of the application process to the MOT program, prospective students are required to submit a recommendation from two registered occupational therapists. The applicant must have one recommendation form completed by each of two different OTRs 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 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
Program Director
MOT Program
The University of Texas at Tyler

Email: aparti@uttyler.edu

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

Applicant (Last Name, First Name)

Applicant's Student ID #/Application Reference # (required)

Applicant is applying for COTA to MOT 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 LICENSED OCCUPATIONAL THERAPIST who has supervised the applicant in a professional capacity as COTA/OTR. No friends or relatives of applicants should complete this form.

Time period during which you supervised the COTA who is applying.
(Month/Year) through (month/year)

- ☐ *I certify that the above COTA has been under my formal supervision as a licensed occupational therapist.*
- ☐ *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 Licensed Occupational Therapist

SIGNATURE of Licensed Occupational Therapist

License # State of licensure Today's Date

Contact information for OTR providing recommendation

Facility or Agency Name

Mailing address

email

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 relevant from irrelevant information.	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Not Observed</u>
	3	2	1	n/o
2. Effectively communicate through verbal, non-verbal, reading, writing and listening in persons and in groups.	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Not Observed</u>
	3	2	1	n/o
3. Recognize and define problems, analyze information, develop and implement solutions, and evaluate outcomes.	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Not Observed</u>
	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.	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Not Observed</u>
	3	2	1	n/o
5. Accountable for the outcomes of personal and professional actions and to follow through on commitments.	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Not Observed</u>
	3	2	1	n/o
6. Initiate tasks or ideas	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Not Observed</u>
	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.	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Not Observed</u>
	3	2	1	n/o
8. Manage time and resources effectively to obtain maximum possible benefit.	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Not Observed</u>
	3	2	1	n/o
9. Adjust own reactions from unexpected changes	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Not Observed</u>
	3	2	1	n/o
10. Self-direct learning and continuously seek and apply new knowledge, behaviors, and skills	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Not Observed</u>
	3	2	1	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: