**PRE-PROFESSIONAL REFERENCE FORM**

is applying for admission to the Occupational Therapy Doctorate Program (OTD) at Arkansas State University (AState) and is requesting a ***pre-professional evaluation*** from you. You are one of three raters for this applicant. Ratings **are not** shared with the applicant. The A-State OTD Admission Committee keeps your identity confidential.

The purpose of the ***pre-professional evaluation*** is to express your opinion about the applicant’s current professional abilities. This information will assist the admissions committee in evaluating the suitability of the applicant to the AState Occupational Therapy Doctorate program.

Please mark the box that reflects your opinion about the applicant.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Personal and Professional Suitability of the Applicant** | | | | | | |
| **The Applicant’s Attributes** | | **Not Observed**  **(0)** | **Below Average**  **(1)** | **Average**  **(2)** | **Above Average**  **(3)** | **Outstanding**  **(4)** |
| 1. | Ability to learn new information |  |  |  |  |  |
| 2. | Ability to work with others on a team |  |  |  |  |  |
| 3. | Ability to communicate with others |  |  |  |  |  |
| 4. | Ability to initiate new actions |  |  |  |  |  |
| 5. | Ability lead others |  |  |  |  |  |
| 6. | Ability to create solutions |  |  |  |  |  |
| 7. | Ability to listen to others |  |  |  |  |  |
| 8. | Ability to care for others |  |  |  |  |  |
| 9. | Ability to manage stressful situations |  |  |  |  |  |
| 10. | Ability to behave professionally towards others |  |  |  |  |  |

**PRE-PROFESSIONAL REFERENCE FORM (p. 2)**

Please circle the response that reflects your relationship with the applicant. A pre-professional reference cannot be a family member, friend, family friend, member of a religious community, or member of a social community.

## The applicant is currently an employee in my workplace who reports to me.

1. The applicant was an employee in my workplace and reported to me.
2. The applicant is currently a co-­‐worker in my workplace.
3. The applicant was a co-­‐worker in my workplace.
4. The applicant is a person that I do not know beyond that of a professional contact.
5. The applicant is currently a student or technician that I teach or supervise.
6. The applicant was a student or technician that I taught or supervised.

Please circle the statement that reflects your recommendation for the admission of this  
 application into the Occupational Therapy Doctorate Program:

# I strongly recommend this individual pursue doctorate level education for occupational therapy (5).

# I recommend this individual pursue doctorate level education for occupational therapy (4).

1. *I feel neutral about this this individual pursuing doctorate level education for occupational therapy* ***(3).***
2. *I have reservations about this individual pursuing doctorate level education for occupational therapy* ***(1).***
3. *I do not recommend this individual pursue doctorate level education for occupational therapy* ***(0).***

**PRE-PROFESSIONAL REFERENCE FORM (p. 3)**

By signing this document, I acknowledged that I am not related to the applicant, a friend of the applicant, a friend of the applicant’ family, a member of the applicant’ religious organization or member of the applicant’s social organizations.

Evaluator’s name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Evaluator Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \*\*Very important!

For this pre-professional reference form to be official, give it back to the applicant in **a sealed envelope with your signature across the seal**. The student will submit the envelope (unopened) in the application packet.

The applicant included a signed reference waiver form that they are not to view official reference forms before or after the application process.

Thank you for your time. Sincerely,

The Arkansas State University  
Occupational Therapy Doctorate

Program Admission’s Committee