

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

**Evaluation Form for Volunteer or Work Experience**

**OTD 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
1. Demonstrates concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates appropriate social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Assumes responsibility as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Works with and under the direction of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dependable and reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Able to effectively manage stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Dresses appropriately for the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Demonstrates problem solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Displays appropriate self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is adaptable, flexible and open to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

San José State University, Department of Occupational Therapy  
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<b>SUMMARY RECOMMENDATION:</b> Compared to other volunteers you have worked with/recommended,	<b>Highly Recommend</b>	<input type="text"/>
	<b>Recommend</b>	<input type="text"/>
	<b>Do not recommend</b>	<input type="text"/>
	<b>I do not feel qualified to make a recommendation</b>	<input type="text"/>

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 suggested areas to develop

Signed:	<input type="text"/>	Print Name:	<input type="text"/>
Title:	<input type="text"/>	Date:	<input type="text"/>
Facility:	<input type="text"/>	Phone No.	<input type="text"/>

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.: OTD Program Admissions Committee  
San José State University  
One Washington Square  
San Jose, CA 95192-0059