SAN JOSÉ STATE UNIVERSITY
DEPARTMENT OF OCCUPATIONAL THERAPY

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

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SUMMARY RECOMMENDATION:
Compared to other volunteers you have worked with/recommended,

- **Highly Recommend** ☐
- **Recommend** ☐
- **Do not recommend** ☐
- **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 suggested areas to develop

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