## 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:									
rvaine.	Last	First		Middle					
Address:	Street	City		Sta	te		Zip		
Phone:			Email address:	~ <b>~~</b>			Ш		
I realize this is	a confidential letter	of recommendation:							
Signature:									
EVALUATOR	t: (OTR or Communi	ity Agency Supervisor)							
Please rate the	applicant named abo	ove on each of the followi	_	_	•	ken the sq	uare that be		
reflects your ju	idgment about the ap	oplicant. Also, please con	nplete the comment	s section	•				
			Outstanding	Very Good	Average	Below Average	Have Not observed		
1. Demonstrat	es concern for others	j.							
2. Demonstrat	es appropriate social	skills							
3. Assumes res	sponsibility as appro	priate							
4. Works with	and under the direct	tion of others							
5. Dependable	and reliable								
6. Able to effec	ctively manage stress								
7. Dresses app	ropriately for the sit	e							
8. Communica	ntion skills								
9. Demonstrat	es problem solving a	bility							
10. Displays ap	propriate self-confid	lence							
11 Is adantah	le flevible and open	to new ideas							

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Compared t	RECOMMENDATION: o other volunteers you d with/recommended,	Highly Recom Recommend Do not recommend I do not feel q recommendat	mend ualified to make a			] ] ]						
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) Bl												
2) Please co	omment on both the volunte	er's major areas	s of strength and su	iggested area	s 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