



NOVA SOUTHEASTERN UNIVERSITY  
 Enrollment Processing Services (EPS)  
 Attn: College of Allied Health and Nursing  
 Occupational Therapy Department  
 Entry-level and Postprofessional Programs  
 3301 College Avenue  
 P.O. Box 299000  
 Fort Lauderdale, Florida 33329-9905  
 (954) 262-1101 • 800-356-0026, ext. 1101  
 www.nova.edu



**Nova Southeastern University  
 College of Allied Health and Nursing  
 Occupational Therapy Department  
 Entry-level and Postprofessional Programs  
 Evaluation Form**

**Applicant: Please complete the following and sign:**

Please check the appropriate box:  Candidate for Master's Program  Candidate for Doctoral Program

Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) signed into law December 31, 1974,

I, \_\_\_\_\_,  do  do not waive my right of access to inspect and review this and other recommendation forms upon completion.

Name of Applicant

Applicant's signature

**Evaluator:** Thank you for your evaluation of this applicant. The applicant's file will not be further considered until we receive this form, and we ask that you return it as soon as possible. It is important that you answer each question. If additional space is needed, please use the space for additional comments on the reverse side or attach an additional page. Again, thank you for your feedback.

1. Applicant's name (Please print)

\_\_\_\_\_

Last

First

Middle/Maiden

2. How long have you known the applicant?

\_\_\_\_\_

3. What is your relationship to the applicant? (Check categories which are most appropriate)

- Professional (Indicate type) \_\_\_\_\_  Teacher  Employer  
 Other \_\_\_\_\_

4. Please rate the applicant's abilities in the following areas using the scale below:

4 = Outstanding; 3 = Above Average; 2 = Average; 1 = Below Average; 0 = Poor; N = No basis for judgment	4	3	2	1	0	N
<b>Judgment</b> —common sense, decisiveness, considers alternative solutions, able to accept suggestions						
<b>Assertiveness</b> —nonabrasive, firmness in stating position						
<b>Knowledge of, and Interest in, Occupational Therapy</b> —depth of commitment						
<b>Oral Expression</b> —clarity, articulates position well						
<b>Initiative</b> —self-starter, independent, needs little or no supervision						
<b>Mood Stability</b> —performs well under pressure, level-headed, adjusts to situations						
<b>Demeanor</b> —warm, responsive to others' moods, positive						
<b>Industry</b> —perseverance, endurance, works hard						
<b>Reliability</b> —dependability, you can count on him or her						
<b>Leadership</b> —earns respect by example, others turn to him or her for direction, steps in to organize						
<b>Integrity</b> —practices high principles without evoking moral antagonism; morally consistent						
<b>Self-understanding</b> —knows own strengths, knows and works on weaknesses						
<b>Openness</b> —shares his or her feelings, seeks advice of others						
<b>Personal Appearance</b> —appropriate for whatever occasion arises, neatness						
<b>Inquisitiveness</b> —eager to learn, curious						
<b>Cooperation</b> —ability to work with others						
<b>Written Communication</b> —clear, concise						



5. If you wish, please use this space to explain any of your ratings in question four or to comment on other aspects of the applicant's character and personality.

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6. In daily interactions with others, the applicant tends to be:

- Strongly introverted     Mildly introverted     Mildly extroverted     Strongly extroverted

7. What do you feel are the applicant's major strengths that will make him or her an effective occupational therapist?

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8. What do you feel are the applicant's weaknesses?

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9. If you were a member of the admissions committee, how would you rate this candidate?

- I would highly recommend this applicant.  
 I would recommend this applicant.  
 I would recommend this applicant, but with some reservation.  
 I would not be able to recommend this applicant.

10. Additional comments.

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Signed \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Please Print)

Title or Occupation \_\_\_\_\_

Address \_\_\_\_\_  
Number Street

Telephone \_\_\_\_\_  
(9:00 a.m.–5:00 p.m. for confirmation purposes)

City State ZIP

Email address \_\_\_\_\_

Please return form to:

Nova Southeastern University  
Enrollment Processing Services (EPS)  
Attn: Occupational Therapy Admissions  
3301 College Avenue  
P.O. Box 299000  
Fort Lauderdale, FL 33329-9905