



OCCUPATIONAL THERAPY ASSISTANT PROFESSIONAL REFERENCE FORM

One Stop Student Services - onestop@cwidi.edu - 208.562.3000
P.O. Box 3010 - Nampa, ID 83653 - cwidi.edu/OTA

This form is used to provide a professional reference for applicants of College of Western Idaho's [Occupational Therapy Assistant](#) program.

APPLICANT INFORMATION

APPLICANT: Please complete the information below prior to forwarding this form to your chosen reference.

LAST NAME	FIRST NAME	M.I.
ADDRESS	CITY	STATE ZIP
		() -
STUDENT ID	PHONE	

REFERENCE INFORMATION

REFERENCE: Please complete the remaining sections of this form in reference to the applicant above.

LAST NAME	FIRST NAME	M.I.
TITLE	COMPANY / AGENCY	
ADDRESS	CITY	STATE ZIP
		() -
	PHONE	

RELATIONSHIP TO APPLICANT

Approximately how many years have you known the applicant?

Months: _____ Years: _____

What is your relationship with the applicant?

Employer Instructor Other: _____



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APPLICANT RATING

In table below, rate each characteristic from superior to below average according to your opinion of the applicant.

CHARACTERISTIC	SUPERIOR	ABOVE AVERAGE	NEUTRAL	AVERAGE	BELOW AVERAGE
Flexibility					
Responsibility					
Capability to Learn					
Consistent Attendance					
Cooperation with Others					
Common Sense					
Initiative					
Enthusiasm					
Compliance with Directions					
Punctuality					
Reliability					
Trustworthiness					

What is your opinion of the applicant’s ability to successfully perform in a very rigorous professional program?

REFERENCE ACKNOWLEDGEMENT

SIGNATURE

DATE

RETURN TO APPLICANT: Place this form in a sealed envelope, sign across the seal to ensure official recognition, and return to the applicant for submission.