



Student Services Office - USA_Admissions@usa.edu

Reference Checklist for Admission to Entry-Level Programs: Occupational Therapy, Physical Therapy, or Dual Degree (MOT/DPT)

[Each applicant must provide four (4) references. Please refer to the website for the types of references required.]

Instructions: The applicant is to complete Section A and distribute it to the reference providers. The reference provider should save completed form as a PDF, and send directly to the University of St. Augustine - USA_Admissions@usa.edu
*****In order to complete and save this form, you must have an updated version of Adobe Reader. <http://get.adobe.com/reader/>

Section A

Name of Applicant: _____ Date: _____

Applicant ID: _____ This form should not be submitted until the student has applied, and received their Applicant ID.

Section B: This individual has applied for admission to the University of St. Augustine for Health Sciences. As a reference in support of this applicant, you are asked to evaluate the applicant on the qualities/characteristics below. Your responses will be used in the evaluation of this applicant's potential as a future therapist.

NOTICE ON CONFIDENTIALITY: Applicants for admission do not have access to their application records. Under the provisions of the Family Educational Rights and Privacy Act of 1974, only registered (admitted) students and alumni have access to their educational records. This reference will be used solely for determining whether the applicant is admitted to the University. This reference will be removed from the accepted student's file and destroyed when the student has matriculated.

Please place an "✓" in the rating column appropriate to your assessment of the applicant.

	Excellent/ Exceptional	Above Average	Average	Below Average	No Opportunity to Observe
1. Attitude and Personality: Mannerisms, dispositions, ability to work with people, confidence, acceptance of criticism					
2. Reliability and Character: Dependability, willingness, honesty, moral character					
3. Personal: Reflects a personal example of a healthy and productive lifestyle					
4. Work Habits and Industry: Conscientiousness, follow through, resourcefulness, self-discipline, initiative					
5. Emotional Stability: Reaction to stress, poise, control, inspiring confidence					
6. Capacity for Independent Thinking: Leadership ability, creative thought, curiosity, active learning					
7. Judgment and Common Sense: Ability and foresight in everyday decisions, expression of opinion, maturity					
8. Communication Skills: Verbal, non-verbal, and written					

Please answer the following:

- I have known this applicant for _____ years or _____ months as (check one):
_____ student _____ employee _____ friend _____ volunteer _____ other
- Has the applicant reviewed his/her academic record with you prior to your making this recommendation?
_____ yes _____ no
- Please use this space to give us your overall impression of the applicant:

4. What are the applicant's overall strengths:

5. In what area(s), if any, does the applicant need to improve:

6. My overall impression and support for this applicant's application (please check ONE):

VERY HIGH HIGH ACCEPTABLE QUESTIONABLE UNACCEPTABLE

_____	_____
Name	_____
_____	_____
Address	Professional License Number, if applicable
_____	_____
City/State/Zip	Company/Employer
_____	_____
Phone number	Work Phone number

Please check if you are a University of St. Augustine alumnus
Degree _____ Year _____

RECOMMENDERS: These reference forms are to remain confidential. Once you have completed this form, please send directly to USA_Admissions@usa.edu from your professional e-mail. We must receive the completed form as a PDF attachment, do not copy and paste into email body. Thank you.