



**Cayuga Community College**  
**Occupational Therapy Assistant Program**  
**Professional Reference**

**To be completed by the applicant:**

Name of Applicant  Date of Birth

Phone  Email

Address

**To be completed by the reference:**

How long have you known the applicant?

In what capacity?

What are the first words that come to your mind to describe this applicant?

**Please rate the applicant on the following:**

	Strong	Average	Weak	No basis for judgment
Learning Potential				
Professionalism				
Maturity				
Integrity				
Stress Management				
Motivation				
Concern for Others				
Communication Skills				
Accountability and Responsibility				
Attendance and Punctuality				

**Do you have any reservations or adverse information about the applicant's suitability for working with children, elderly, and disabled clients?**      No      Yes

**Overall Recommendation of this applicant:**

Strongly Recommend      Recommend      Do Not Recommend      Prefer to Abstain

**Please provide comments to support your recommendation.**

Signature of Reference

Print Name

Date

Position

Organization

Street Address

City

State

Zip Code

Phone

Email

**To be submitted by the reference**

MAIL: Occupational Therapy Assistant Program, Cayuga Community College, 11 River Glen Dr.,  
Fulton, NY 13069

FAX: 315-592-5055

EMAIL: [jmeyer10@cayuga-cc.edu](mailto:jmeyer10@cayuga-cc.edu)