

San José State University, Department of Occupational Therapy
Evaluation Form for Volunteer or Work Experience

SUMMARY RECOMMENDATION: Compared to other volunteers you have worked with/recommended,	Highly Recommend	<input type="text"/>
	Recommend	<input type="text"/>
	Do not recommend	<input type="text"/>
	I do not feel qualified to make a recommendation	<input type="text"/>

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) Please comment on both the volunteer's major areas of strength and suggested areas to develop

Signed: <input type="text"/>	Print Name: <input type="text"/>
Title: <input type="text"/>	Date: <input type="text"/>
Facility: <input type="text"/>	Phone No. <input type="text"/>

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