**AOTA Level II Fieldwork & Capstone Experience**

**Reference Form**

TO BE COMPLETED BY APPLICANT:

Name:

Institution name:

Under the federal Family Educational Rights and Privacy Act of 1974, as amended, (PL 93-380) students are entitled to review their records, including letters of recommendation. It is your option to waive your right of access to this recommendation, or decline to do so.

[ ]  I waive my right of access to this recommendation. [ ]  I do not waive my right of access to this recommendation

I hereby authorize      to complete this recommendation, with the understanding that the information will be kept confidential.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Name of Reference:      Organization:

Address:

Telephone Number:

Email:

TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION:

*The student above is applying for an affiliation at AOTA National Headquarters, and has selected you to provide a reference. Please respond to the following on the applicant’s behalf.*

How long have you known the applicant?

How well do you know the applicant? [ ]  Very Well [ ]  Fairly Well [ ]  Not Well

In what capacity have you known the applicant?

Please describe the qualifications, traits, strengths, or accomplishments you feel are significant in demonstrating the applicant’s ability to complete the Affiliation:

Are there any concerns that may limit the applicant’s success in completing this Graduate Program?

Please indicate the confidence with which you would or would not recommend the applicant for an affiliation at AOTA National Headquarters:

[ ] Strongly Recommend [ ] Recommend [ ] Recommend with Reservations [ ] Not Recommend

Signature:       Date:

Name (please print):       Title:

Organization:      Business phone:

Address:

Email address:

E-mail application form along with two reference letters to:

Valeta Njoroge

Knowledge Division

American Occupational Therapy Association

fwapplications@aota.org