



TTOTA Rosemary Green Bursary Professional Reference Form

Applicant's name			
	LAST	FIRST	M.I.
Name of person making this reference			
	LAST	FIRST	M.I.
Relationship to Applicant			
How long have you know this applicant?			

This form should be returned on or by **December 31st, 2024**. It must be submitted in a signed and sealed envelope and can be submitted one of the following ways:

- 1) The form can be submitted with the student's application.
- 2) The person completing the Professional Reference Form may return it to

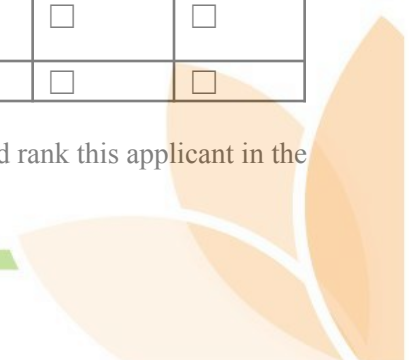
TTOTA
*P.O. Box 5159, 61-63 Western Main Road,
 St. James, Trinidad and Tobago, West Indies*

Please rate the applicant on the following by the checking the appropriate box:

	Excellent	Very Good	Average	Below Average	Poor	Unknown
The applicant's overall character is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant's commitment to school and academic ability is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant's commitment to community involvement is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant's communication skills are:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant's ability to use good problem-solving skills, follow through and complete tasks is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant's respect for self and others is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant's leadership skills are:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Evaluation: Compared to other students and colleagues at the same level, I would rank this applicant in the top:

1%
 5%
 10%
 25%
 50%





Please provide a brief statement describing the applicant’s commitment to the profession of occupational therapy as well as their understanding of professional development within the field.

Professional Reference Signature _____ **Date:** _____

Title/Position: _____

