

**Los Angeles Unified School District**

**DIVISION OF SPECIAL EDUCATION**

**Related Services Department**

**CONFIDENTIAL REFERENCE**

Name of Applicant \_\_\_\_\_, SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ is applying for the position of **School Occupational Therapist** with the Los Angeles Unified School District and listed you as a current or previous supervisor. Please take a few minutes and complete this confidential reference form and return the address listed on page 2. Any information you have on this candidate will be helpful in our decision to select the best candidate for the position(s) available.

\_\_\_\_\_  
Name of Evaluator

\_\_\_\_\_  
Street Address

(\_\_\_\_) \_\_\_\_\_  
Daytime Telephone (if needed to be contacted)

\_\_\_\_\_  
City, State ZIP

Please indicate below the two evaluation sections, any comments (both positive and negative) for the candidate. When completing this form, remember to consider the candidate only in relation to the subject area. Each item must be evaluated. Any area marked **less than average** should be substantiated with a comment.

On behalf of LAUSD, thank you for your time and comments on this candidate.

<b>TRAINING &amp; EXPERIENCE</b>	<b>NOT OBSERVED</b>	<b>INADEQUATE</b>	<b>BELOW AVERAGE</b>	<b>AVERAGE</b>	<b>STRONG</b>	<b>OUTSTANDING</b>
1. Professional knowledge and skills						
2. Ability to approach individual problems of others in a professional and helpful way						
3. Is able to establish and sustain relationships with others						
4. Ability to create a therapeutic environment with patient/client						
5. Effective while working with children of different ages (0-22 yrs.)						
6. Adjusts to changing situations and personalities						
7. Assumption of responsibility						
8. Cooperation with office staff, parents, patients/clients						
9. Understands and follows through on policies and procedures of office and/or organization						
10. Able to communicate with patients/clients and staff (oral and written)						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PERSONAL QUALITIES	NOT OBSERVED	INADEQUATE	BELOW AVERAGE	AVERAGE	STRONG	OUTSTANDING
1. Manner						
2. Appearance (work attire)						
3. Written communication						
4. Manageability						
5. Follow-through						
6. Maturity of judgment						
7. Professional attitude						
8. Attendance, punctuality						
9. Stress, flexibility						
10. Ability to work with others						

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The candidate worked:	Full time	Part time	Per Diem	Intern
as an:	Occupational Therapist	Occupational Therapy Assistant	_____	
at _____,	from _____ to _____		for _____	
(facility name)	(start date)	(end date)		
_____ (months, years),	where I served as _____.			
(total time)	(full title)			
<b>I would (re)hire this individual.</b>	Yes	No		
<b>You may be contacted (at the daytime phone number listed on page 1) to further discuss this applicant's qualifications.</b>				
_____ Signature of Evaluator	_____ Date Evaluation Completed			
_____ Signature of Co-Evaluator (if applicable)	_____ Date Evaluation Completed			

**Return this completed form to:**

***Los Angeles Unified School District***  
**DIVISION OF SPECIAL EDUCATION**  
**Related Services Department**  
 333 S. Beaudry Avenue, 16<sup>th</sup> Floor  
 Los Angeles, CA 90017  
**ATTN: NEW OT CANDIDATE REFERENCE FORM**  
 Phone: (213) 241-3325 – Fax (213) 241-8437