

**PHYSICAL/OCCUPATIONAL THERAPIST
APPLICANT REFERENCE**

Baltimore County Public Schools
Office of Personnel
6901 Charles Street
Towson, MD 21204
Fax: 410-821-9332

Therapy Position Desired

Applicant's Name

Social Security Number

The above-named applicant has applied for a position in the Baltimore County Public Schools. Please evaluate this candidate in comparison to others you have known in a like position. It is very important to the candidate for this particular form to be completed and returned to Baltimore County Public Schools as soon as possible.

Please check the appropriate boxes below:

APPLICANT'S DATES OF SERVICE					
From		To		Length	
Month	Year	Month	Year	Years	Months
Position Held _____					
Student Therapist under my supervision (<input type="checkbox"/>)					
Therapist under my supervision (<input type="checkbox"/>)					
Other: _____					

QUALIFICATION CHARACTERISTICS	STRONG	SATISFACTORY	MARGINAL	UNSATISFACTORY
Plans and prepares work effectively				
Communicates effectively (verbal/written)				
Displays subject matter competency				
Utilizes a variety of therapy skills and methods				
Exercises appropriate client control and has good management skills				
Works well with others; shows judgment, tact, and a willingness to assist				
Varies therapy to the ability levels of clients				
Motivates clients, gains their confidence and establishes rapport				
Maintains health and emotional stability				
Fulfills responsibilities in a dependable manner				
Demonstrates commitment to therapy and a professional attitude				
Displays an organized approach to assessment, treatment and documentation				
Is flexible in inter-personal relationships and management skills (eg. scheduling)				
Determines need for appropriate therapy services based on assessment results				
Plans individual treatment programs based upon identified needs of the client				
Maintains client records in accordance with policy				

(over)

What are her/his strengths? _____

In what areas does she/he need to improve? _____

In what capacity did you work with her/him? _____

If you were considering someone to work with your own child, or to teach in the school where you work, how would you recommend this candidate?

Hire with enthusiasm ___ Hire ___ Hire with reservation ___ Do not hire ___

If this person was an employee, why did she/he leave? _____

Additional comments: _____

_____	_____	_____
Your Name (please print)	Title	Home Phone Number
_____	_____	_____
School or Business Name		Work Phone Number
_____		_____
School or Business Address		
_____		_____
Date		Signature of Person Completing Form

Please provide, with appropriate attachments, any data that will substantiate or add to the above information. Narrative statements are encouraged.

THIS INFORMATION IS CONFIDENTIAL
IT WILL NOT BE SHARED WITH THE APPLICANT