

Master of Science in Occupational Therapy Required Evaluation of Volunteer Experience

The Department of Occupational Therapy (OT) will require applicants for the entry-level graduate program to provide evidence of occupational therapy volunteer hours. The applicant provides this form as evidence of the following. More than one form may be used to document one or more settings.

- A minimum of 60 hours of volunteer experience with at least 40 of those hours under the supervision of an OTR within two years of the program's start date.
- Observation forms must be completed and signed by the occupational therapist or occupational therapy assistant at each site.

* **Note: Submit the form to OTCAS:**

1. Upload to OTCAS in the Observation Hours section.

Evaluation of Occupational Therapy Volunteer Experience

Applicant Name: _____

Note: Please include hours done within the last two years:

Number of hours applicant was supervised by an OTR _____

Number of hours applicant was supervised by other than an OTR _____

Population (s) that applicant serves:

- ☐ Pediatrics/Youth
- ☐ Adult
- ☐ Geriatrics
- ☐ Psychosocial

Name of Evaluator _____

Name of Facility _____

Position/Title: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Telephone Number: _____

Attributes

Evaluator: Please rate the applicant on each of the following 8 characteristics. Check the box which best reflects your judgment of the applicant.

| | | Excellent | Good | Fair | Poor | Not Observed |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | Attendance and Punctuality—attends as scheduled, arrives on time and stays through session. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Respect—respects legitimate authority and works constructively through proper channels to resolve grievances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Responsibility—takes responsibility for his/her own behavior. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Teamwork—is able to participate fully as a team member. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Organization—is consistently prepared and able to prioritize. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Response to feedback—can hear and use constructive criticism. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Emotional maturity—handles situations and personal emotions in a professional manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Communications – use effective written and oral communication skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Summary Recommendation

- ☐ I would highly recommend this applicant.
- ☐ I would recommend this applicant.
- ☐ I hesitate to recommend this applicant.
- ☐ I would not recommend this applicant.
- ☐ I do not feel qualified to make a recommendation.

Additional Comments (Include a second sheet if necessary):

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Signature Of Evaluator