

## Master of Science in Occupational Therapy Required Evaluation of Volunteer Experience

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The Department of Occupational Therapy (OT) will require applicants for the entry-level graduate program to provide evidence of occupational therapy volunteer experience hours. More than one form may be used to document one or more settings. Due to the COVID-19 pandemic the OT program is making exceptions to our current policy for Observation/Volunteer hours for the Fall 2021 application cycle. The applicant provides this form as evidence of the following:

- Require only 40 hours of OT relevant experience under the supervision of an OTR (observation/ volunteer)
- Accept observation/volunteer hours within previous 3 years
- Allow observation hours to be conducted in virtual environment
- Observation forms must be completed and signed by the occupational therapist or occupational therapy assistant at each site.

**\*Submit the form to OTCAS in the Documents Section under Required Documents -“Other”.**

### Evaluation of Occupational Therapy Volunteer Experience

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***Note: Please include hours done within the last 3 years:***

Number of hours applicant was supervised by an OTR \_\_\_\_\_

Number of hours applicant was supervised by other than an OTR \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

Population (s) that applicant serves: ☐ Pediatrics/Youth  
☐ Adult  
☐ Geriatrics  
☐ Psychosocial

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

Position/Title: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

# Attributes

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 respects.	<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.
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### Additional Comments (Include a second sheet if necessary):


Signature of Evaluator \_\_\_\_\_