

**OKLAHOMA CITY COMMUNITY COLLEGE
OCCUPATIONAL THERAPY ASSISTANT PROGRAM**

OBSERVATION EXPERIENCE

**THIS FORM MUST BE SUBMITTED IN A SEALED ENVELOPE AND MUST ACCOMPANY THE
OTA APPLICATION IN ORDER TO OBTAIN PREFERENCE POINTS.**

APPLICANT NAME _____ ID# _____
(College ID or SS#)

I understand that Federal law insures my right to access to this document after enrollment. I also understand that I have the right to hereby waive _____ not waive _____ this right of access.

Applicant Signature: _____ Date _____

*****Therapist Information***The purpose of this form is to obtain information about the applicant with regard to behaviors observed while in a clinical environment. While we understand it may be difficult to assess in a short amount of time, the admissions team will have only written information.**

**THIS FORM MAY ONLY BE COMPLETED BY A Licensed Occupational Therapy Assistant or a Licensed Occupational Therapist.
Please place in a sealed envelope and return to the student.**

The applicant has **observed** in the OT clinic _____ hours.

Please circle the appropriate rating based on your observations:

1. Applicant arrived promptly.

0 1 2 3 4 5
Never Always

2. Applicant's appearance was neat and appropriate. 0

1 2 3 4 5
Never Always

3. Applicant showed effective listening skills and good interpersonal communication. 0 1

2 3 4 5
Never Always

4. Applicant's questions/comments demonstrate a desire to learn about the profession of Occupational Therapy.

0 1 2 3 4 5
Never Always

OT Practitioner Signature _____ Date _____

Printed Name _____ OT/OTA License Number _____

Contact number _____ Facility _____

Position _____ Adult: Pediatric:

Address _____

THANK YOU SO MUCH FOR PARTICIPATING IN THIS IMPORTANT ENDEAVOR

