OKLAHOMA CITY COMMUNITY COLLEGE OCCUPATIONAL THERAPY ASSISTANT PROGRAM

OBSERVATION EXPERIENCE

THIS COMPLETED AND SIGNED FORM MUST BE SUBMITTED WITH YOUR OTA APPLICATION.

APPLICANT NAME										
							(College ID or SS#) cument after enrollment. I also understand that I havethis right of access.			
Applio	cant Signature:						Date			
rega	rd to behaviors	s obsei	ved w	hile in	a <u>clinic</u>	<u>al</u> environm	to obtain information about the applicant wit nent. While we understand it may be difficult t have only written information.			
	FORM MAY (upational Thera		BE CON	1PLETE	D BY A	A Licensed	Occupational Therapy Assistant or a License			
	The applicant	has <u>ob</u> s	served	in the O	T clinic_		hours.			
Pleas 1.	e circle the appro Applicant arriv	ed pror	nptly.							
	0 Never	1	2	3	4	5 Always				
2.	Applicant's ap	Applicant's appearance was neat and appropriate. 0 1 2 3 4 5								
	Never									
3.	Applicant show	wed effe		tening s 4		good interper	ersonal communication. 0 1			
	Never					Always				
4.		estions/ 1		nts demo		a desire to lea 5 Always	earn about the profession of Occupational Therapy.			
	IVEVE					7 ii vvay 3				
OT Pract	titioner Signature						Date			
Printe	Printed Name					OT/OTA License Number				
Conta	act number				Facility					
Positi	ion			Adu	lt 🔲	Pediatric				
Addre	ess									