



**OCCUPATIONAL THERAPY ASSISTANT PROGRAM
CLINICAL OBSERVATION EVALUATION FORM**

Applicant's Name: _____ Date: _____

In requesting the completion of this evaluation form, which will be used in the admission selection process for the Occupational Therapy Assistant program at Chattahoochee Technical College, I waive my right of access to this document.

Student Signature: X _____

OT/OTA completing this form: _____

Signature: _____

Facility Name: _____

Type of Setting (hospital, outpatient hand therapy, SNF, school, etc.):

Facility Address: _____

Telephone Number: _____

Total number of volunteer/observation hours completed by student at your facility: _____

SUPERVISING THERAPIST: Please fill out this form confidentially, place in the addressed/stamped envelope provided by the student, seal the envelope, sign your name across the seal, and mail to Chattahoochee Technical College to be included as part of his/her OTA application. THANK YOU VERY MUCH FOR YOUR TIME AND WILLINGNESS TO ALLOW POTENTIAL STUDENTS TO OBSERVE!

Please circle the number closest to the best description of the student.

1. Personal Appearance

1	2	3	4	5
Clothing is sloppy, too casual, overly revealing		Clothing inappropriate, dirty, etc.		Complies with dress code

2. Attendance

1	2	3	4	5
Often late/absent		Occasionally late		Always punctual

3. Attitude Toward Patients/Clients

1	2	3	4	5
Rude, careless, disrespectful		Indifferent or overly chatty		Pleasant/appropriate

4. Attitude Toward Staff

1	2	3	4	5
Rude, sullen, disrespectful		Indifferent or overly friendly		Cooperative, respectful

5. Communication Skills

1	2	3	4	5
Poor listener, no attempts to ask questions		Random or unclear questions		Thoughtful questions, on topic

6. Motivation

1	2	3	4	5
Appears uninterested in therapy process		Occasional interest in therapy process		Seeks out learning appropriately