

A Unit of the Technical College System of Georgia - Equal Opportunity Institution

## OCCUPATIONAL THERAPY ASSISTANT PROGRAM CLINICAL OBSERVATION EVALUATION FORM

Applicant's Name:	Date:	_
In requesting the completion of this evaluation form, which will be Assistant program at Chattahoochee Technical College, I waive	•	
Student Signature: X		
OT/OTA completing this form:		
Signature & credentials:		
Facility Name:		
Facility Address:		
Telephone Number:		
Type of Setting (inpatient rehab, acute care, skilled nursing, scho	ool system, etc.):	
Total number of volunteer/observation hours completed by stude	ent at your facility:	

**SUPERVISING THERAPIST**: Please verify hours with student, then 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 give to student 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 re-	vealing	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/Clien	ts			
	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 questi	ions	Random or unclear questions		Thoughtful questions, on topic
6.	Motivation				
	1	2	3	4	5
	Appears uninterested in therapy proces	ss	Occasional interest in therapy process		Seeks out learning appropriately
Cor	mments:				