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 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 (other than verification of hours).

Student Signature: X ____________________________________________________________________________

OT/OTA completing this form: ____________________________________________________________________

Signature & credentials: _______________________________________________________________________

Facility Name: ________________________________________________________________________________

Facility Address: ______________________________________________________________________________

Telephone Number: ____________________________________________________________________________

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

Total number of volunteer/observation hours completed by student 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 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

Comments:__________________________________________________________________________________________________________________________________________________________