

**MARION TECHNICAL COLLEGE OCCUPATIONAL THERAPY ASSISTANT PROGRAM
OBSERVATION VERIFICATION
PAGE 1 OF 2**

The following two pages may be duplicated. More than one set of forms may be submitted if multiple therapists or facilities were observed. PLEASE COMPLETE AND SIGN BOTH FORMS TO VERIFY THE APPLICANT'S OBSERVATION HOURS.

The forms MUST be sent to MTC directly from the therapist signing the form. This form will not be accepted if handed in by the applicant.

The student should provide the OT or COTA with a stamped envelope addressed to MTC OTA.

Student Name: _____ (Please print) Student Date of Birth: _____

Student Address: _____ Phone: _____

Marion Technical College applicants are required to observe 20 hours of occupational therapy.

Applicant has observed _____ hours of occupational therapy.

To Be Completed by Supervising Licensed Occupational Therapist or Occupational Therapy Assistant:

Comments: _____

Signature (licensed OT or COTA only)

Facility Name Phone #

Facility Address State Zip

Date Completed

*Recommendation from the supervising licensed OT/COTA is necessary to be considered for admission to the OTA Program

NOTE: At the completion of hours, the applicant should BOTH FORMS (PAGES 1 AND 2) with a stamped envelope (addressed to Marion Technical College, Occupational Therapy Assistant Program) to the supervising OT(s) or COTA(s) who will complete the bottom part of the form out of the line of sight of the applicant and return it to the OTA Program. This form may also be faxed to: 740-725-4074

Please complete second page 

OTA OBSERVATION FORM: SOCIAL SKILLS & PROFESSIONAL BEHAVIORS

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<u>Instructions:</u> If he/she exhibits the skill/behavior >90% of the time: Circle the number under YES . 50-89% of the time: Circle the number under NEEDS IMPROVEMENT . Less than 50% of the time: Circle the number under NO . If the item was not observed, please mark N/A .	YES	NEEDS IMPROVEMENT	NO	N/A
<u>Positive Attitude</u>				
– Demonstrates initiative and a good attitude in the work environment	5	3	0	5
– Seems genuinely interested and comfortable working with the ill or disabled	5	3	0	5
<u>Flexibility</u>				
– Seems willing to try new things and to learn by doing	5	3	0	5
– Able to adapt to the situation and understands “things come up”	5	3	0	5
<u>Professional communication skills</u>				
– Practices positive, professional verbal skills in work interactions	5	3	0	5
– Practices professional and appropriate non-verbal social skills	5	3	0	5
<u>Social skills</u>				
– Interacts well with other professionals in the environment	5	3	0	5
– Listens attentively and makes good eye contact	5	3	0	5
– Interacts appropriately with patients/clients in the environment	5	3	0	5
<u>Respect of others</u>				
– Is respectful of others including their personal space and their time	5	3	0	5
– Respects diversity	5	3	0	5
– Can listen to other viewpoints – whether agree or disagree	5	3	0	5
– Understands their role as an observer	5	3	0	5
– Demonstrates a compassion towards the ill and disabled	5	3	0	5
<u>Team Player Attitude</u>				
– Is willing to follow instructions	5	3	0	5
– Is proactive and anticipates the needs of others	5	3	0	5
– Is willing to help or assist with any situations that arise	5	3	0	5
– Demonstrates a sincere interest in therapy and the helping profession	5	3	0	5
<u>Personal Responsibility</u>				
Dresses appropriately and/or professionally and is on time	5	3	0	5
Follows and respects the policies of the institution including confidentiality	5	3	0	5

OT OR OTA'S Signature: _____

The information provided is subject to audit. Applicants providing inaccurate information may be removed from consideration. Thank you very much for your cooperation. If you have any questions, please contact the Occupational Therapy Assistant office at (740) 389-4636 EXT. 329 or via Fax at (740) 725-4074.

THANK YOU SO MUCH FOR YOUR TIME. IF YOU HAVE QUESTIONS PLEASE CALL DR. CHAD SCHNEIDER, OTA PROGRAM DIRECTOR AT 740-389-4636 EXT. 386.