EVALUATION OF APPLICANT'S VOLUNTEER/JOB SHADOWING/WORK EXPERIENCE
IN OCCUPATIONAL THERAPY
(To be completed by Occupational Therapist-Supervisor)

I. General Information (Please print or type)
   A. Name of applicant___________________________
   Applicant’s mailing address____________________________________________
   B. Dates of experience at facility________________________________________
   C. Total number of hours spent at this facility___________
   D. Name & address of facility ____________________________________________
      ___________________________________________________________________
   E. Describe nature of experience: ________________________________________

II. Observation of applicant: Please rate the applicant in each of the following areas using the scale shown:

   1 = Poor  2 = Fair  3 = Satisfactory  4 = Good  5 = Excellent

   A. Personal appearance  1  2  3  4  5
   B. Punctuality  1  2  3  4  5
   C. Communication with staff  1  2  3  4  5
   D. Communication skills with patients  1  2  3  4  5
   E. Initiative to assist with duties & seek opportunities for learning  1  2  3  4  5

III. Supervisor's recommendation of the applicant for acceptance into OT Program

   ___________________________________________________________________
   ___________________________________________________________________

IV. Printed Name & Title of Supervisor ____________________________________________

   Signature of Supervisor________________________________________ Date_________________________
   Signature of Applicant_________________________________________ Date_________________________