Please return completed form via US Post or e-mail to:
Application Processing Center
University of Maine System
P.O. Box 412
Bangor, ME 04402-0412
Electronic transcripts/application materials can be emailed to: **edocs@maine.edu**

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_____