William Carey University (WCU) School of Occupational Therapy

Documentation of Observation of Experience Form

PART A: Instructions for the Applicant:

Complete *PART A* of this form and give this form to your supervising Occupational Therapy Practitioner (OTP) to complete and email. The OTP supervising you will complete *PART B* of this form and **email it directly to occupationaltherapy@wmcarey.edu**

Name of Applicant		
Name of Facility		
Date Range of the Observation		
Total Number of Hours		
Name of Supervising OTP		
Signature of Applicant:	**Signature:**	**Date:**

PART B: Instructions for the Supervising OTP:

The above student has applied to the WCU MOT program in Hattiesburg, MS. MOT applicants are required to have a *minimum of 40 observation hours* under the supervision of an OTP that includes both pediatric and adult sites. Applicants are *allowed up to 20 observation hours under the supervision of a certified occupational therapy assistant (COTA)*.

Please answer the following questions to evaluate the applicant's performance during the observations by circling the rating for each category.

Category:	*Poor*	*Fair*	*Good*	*Exceptional*
Well-groomed & dressed appropriately	*1*	*2*	*3*	*4*
Punctual: On-time	*1*	*2*	*3*	*4*
Communication with Staff	*1*	*2*	*3*	*4*
Communication with Clients/Patients	*1*	*2*	*3*	*4*
Interest in OT	*1*	*2*	*3*	*4*

a. *Would you recommend this applicant for admission to the WCU MOT program (Yes or No)?*
_____

b. *Briefly describe why you chose to recommend or not recommend the applicant (optional).*
_____
_____
_____
_____

Please sign to verify that the applicant performed _____ observation hours under your supervision.

Signature & Date: _____ ***OT Licensure#***_____

Please email the completed form to: occupationaltherapy@wmcarey.edu