

DOCUMENTATION OF OBSERVATION HOURS

Please make copies of this form as needed

**OCCUPATIONAL THERAPY ASSISTANT PROGRAM
SWOSU/CADDO KIOWA TECHNOLOGY CENTER
Brandy Chase, OTA/PTA Coordinator Southwestern
Oklahoma State University
100 Campus Drive
Weatherford, OK 73096**

Observation hours should not be obtained from former or present places of employment or with family members.

Documentation Concerning: _____
(Last) *(First)* *MI)*

PRACTICE AREA: Pediatrics Out-Patient Rehab In-Patient Rehab Skilled Nursing Psych

I understand that Federal law provides me, after enrollment, a right of access to this statement of recommendation. I also understand that I have the right to hereby waive, do not waive (check one) this right of access.

DATE: _____ SIGNATURE: _____

How long and in what capacity have you known the applicant? _____

APPLICANT TRAIT EVALUATION:

PLEASE EVALUATE THE APPLICANT ON ACTUAL OBSERVED PERFORMANCE AS COMPARED TO OTHER STUDENTS YOU HAVE KNOWN WITH SIMILAR BACKGROUNDS. Please note the mailing instructions below.

1. **Motivation:** The desire of the applicant to invest him/her self to reach goals.
 Highly motivated Inconsistent
 Motivated Unmotivated

2. **Concern for Others:** The consideration of other's feelings and the applicant's ability to view other points of view as well as their own.
 Sincerely concerned Occasionally concerned
 Generally concerned Indifferent

3. **Interpersonal Relations:** The ability of the applicant to develop effective interactions with others.
 Relates exceptionally well and always effectively Routinely display difficulty in relating to others
 Usually relates well and effectively Unable to effectively interact with others

4. **Attendance:** The reliability of the applicant to be at designated functions and on time.
 Usually keeps scheduled appointments, on time Unreliable in keeping appointments
 Usually keeps appointments, occasionally tardy Never on time

5. **Appearance:** The applicant's appearance is professionally appropriate for the situation.
 Always neat and clean Frequently sloppy and/or dirty
 Generally neat and clean Never neat and clean

NOTE: WE REALIZE THAT ITEMS 6-10 MAY BE DIFFICULT TO ASSESS DURING A SHORT OBSERVATION PERIOD. HOWEVER, WE WOULD APPRECIATE ANY INPUT YOU MAY HAVE.

6. **Responsibility:** The applicant's ability to assume the consequences of his/her behavior.
 Consistently assumes responsibility Makes excuses or blames others
 Occasionally assumes responsibility Not observed
 Fails to assume responsibility

7. **Integrity:** The applicant's adherence to honesty in dealings with others.
- Consistently trustworthy Not trustworthy
 Generally honest Not observed
 Occasionally questionable
8. **Adaptability:** The applicant's ability to react under stress in a mature and dependable manner.
- At ease under any condition Panics in a crisis situation
 Usually handles stressful situations Not observed
 Not predictable
9. **Resourcefulness:** The applicant's ability to identify and utilize available resources appropriately.
- Creatively utilizes resources Does not make use of resources
 Utilizes resources appropriately Not observed
 Utilizes resources when pointed out
10. **Work Skills:** The applicant's ability to learn and perform tasks.
- Reliable and independent Consistently unreliable even with supervision
 Reliable with occasional supervision Not observed
 Reliable with constant supervision
11. **Awareness of Personal Limitations:** The applicant's ability to identify their own limitations in a realistic manner.
- Is aware of limitations and strives to remediate Denies limitations or is defensive
 Can identify areas of limitation Not observed
 Is aware but chooses not to change behaviors
12. **How would you rank this student in comparison to others you have known who have been accepted to an academic occupational therapy program? (Please circle one)**
- Truly Exceptional 100 - 99% Outstanding 98 - 90%
 Above Average 89 - 75% Average 74 - 60%
 Below Average (Poor) 59 - 0%
13. Give us your specific and candid comments as to the applicant's assets and liabilities relative to future study and performance as an occupational therapy assistant.
14. How do you recommend the applicant for admission to the SWOSU/Caddo-Kiowa TC Occupational Therapy Program?
- I recommend with enthusiasm I recommend with reservations
 I recommend I do not recommend

Number of Hours Applicant Observed at your facility _____ Date: _____

Signature: _____ Printed Name: _____

Position: _____ Phone: _____

Business Name: _____ Business Address: _____

(Page 2 of 2)

***SUPERVISOR OF OBSERVATION HOURS, ONCE COMPLETED, PLEASE RETURN TO:
 Brandy Chase, OTA/PTA Program Coordinator, SWOSU, 100 Campus Drive, Weatherford, OK 73096***