PART 1

DOCUMENTATION OF EXPERIENCE FORM

PLEASE PRINT: Part 1 is to be completed by the applicant. Part 2 is to be completed by an Occupational Therapy Practitioner verifying the experience. Supervising Therapist cannot be related to student.

PART I:

IMPORTANT!
To the applicant: Complete ONLY Part 1 of this form sending it with a stamped envelope to the occupational therapist who will provide documentation of your volunteer or work experience. DO NOT HAVE THE FORM MAILED BACK TO YOU. IT IS TO BE MAILED TO THE OTA PROGRAM BY THE THERAPIST!

1. Applicant’s Name:________________________________________ Student I. D. # _____________________
2. Occupational Therapy Practitioner supplying documentation:

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tr>
<th>Facility</th>
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3. Dates you spent at the above facility: Beginning: __________________________________________
   Ending: __________________________________________

4. Total hours you spent at the above facility:________________________________________

5. Circle type of setting that best describes the facility:
   acute care-hospital rehabilitation hospital
   long term care home health
   school system out-patient clinic
   other:________________________________________

6. Circle the types of problems experienced by the patients you observed:
   fractures hand injuries neurological (stroke, brain injury)
   spinal cord injury amputations developmental delay
   burns psychiatric other:________________________________________

7. Age range of patients observed:________________________________________

8. Circle the Occupational Therapy interventions you observed:
   Therapeutic use of self
   Therapeutic use of occupations or activities:
   • Occupation- based activity
   • Purposeful activity
   • Preparatory methods
   Consultation process
   Education process
   Advocacy
   Other __________________________________________

9. On a separate page, please comment on the benefits of Occupational Therapy interventions for the patients you observed.
PART 2: TO BE COMPLETED BY THE OCCUPATIONAL THERAPY PRACTITIONER

APPLICANT’S NAME: ______________________________________

IMPORTANT: To the Occupational Therapy Practitioner: The person named in Part 1 of this form is applying for admission to the South Texas College’s Occupational Therapy Assistant Program. This applicant is stating that experiences or observation was gained under your supervision.

1. Please summarize this applicant’s level of performance by indicating a score for each criteria using the following scale: 0=Poor, 1=Fair, 2=Good, 3=Exceptional (above and beyond).

Please comment if appropriate.

Listening skills: ______________________
(attentiveness, responses, active listener)
Comments: ________________________________________________

Verbalization: ______________________
(content, verbal interaction, language usage)
Comments: ________________________________________________

Interest: ______________________
/questions, level of enthusiasm, overall attentiveness)
Comments: ________________________________________________

Behavior: ______________________
(body language, manners, reliability, interaction with patients and staff)
Comments: ________________________________________________

Initiative: ______________________
(readily offers assistance, seeks learning opportunities, timeliness/compliance)
Comments: ________________________________________________

2. Volunteer observer? Yes _____ No _____ Number of Hours ______
Paid employee? Yes _____ No _____ Number of Hours ______

I recommend this applicant for admission without reservations. Explain:__________________________________________________________

I recommend this applicant, with reservations. Explain:__________________________________________________________

I do not recommend this applicant. Explain:__________________________________________________________

I am not a relative or personal friend of this applicant.

Signature Position/Title OT License # Date

Name (please print) Facility Address Telephone

PLEASE MAIL THIS FORM TO:
South Texas College
Occupational Therapy Assistant Program
Attention: Layman J. Miller, OTA Program Chair
P.O. Box 9701, McAllen, Texas 78501-9701