

**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:

Name	Title
Facility	Telephone Number

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.

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**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