



OBSERVATION VERIFICATION FORM (1 OF 2)

Student Name: _____

Student Date of Birth: _____

Student Address: _____

Phone: _____

Occupational Therapy Assistant Program applicants are required to observe 20 hours of occupational therapy.

- Applicant has observed _____ hours of occupational therapy.

To Be Completed by Supervising Licensed Occupational Therapist or Occupational Therapy Assistant:

Comments:

Signature (licensed OT or COTA only): _____

Facility Name: _____

Facility Phone #: _____

Facility Address/State/Zip: _____

Date Completed: _____

PROFESSIONAL BEHAVIORS SCORE SHEET (2 OF 2)

Instructions for the Professional Behaviors Score Sheet:

To score the following behaviors for the student, please use the following rubric:

- If the student exhibits the behavior 90% of the time or more: **Circle the number under YES.**
- If the student exhibits it 50-89% of the time: **Circle the number under NEEDS IMPROVEMENT.**
- If the student exhibits the behavior less than 50% of the time: **Circle the number under NO.**
- If the item was not observed, **please circle the number under the column headed N/A.**

PROFESSIONAL BEHAVIORS	YES	NI	NO	N/A
1. Demonstrates initiative and a good attitude in the work environment	5	3	0	5
2. Seems genuinely interested and comfortable working with the ill or disabled	5	3	0	5
3. Seems willing to try new things and to learn by doing	5	3	0	5
4. Able to adapt to the situation and understands "things come up."	5	3	0	5
5. Practices positive, professional verbal skills in work interactions	5	3	0	5
6. Practices professional and appropriate non-verbal social skills	5	3	0	5
7. Interacts appropriately with patients/clients in the environment	5	3	0	5
8. Is respectful of others including their personal space and their time	5	3	0	5
9. Respects diversity of clients and staff at the facility	5	3	0	5
10. Is willing to follow instructions	5	3	0	5
11. Is willing to help or assist with any situations that arise	5	3	0	5
12. Dresses appropriately and/or professionally and is on time	5	3	0	5
13. Follows the policies of the institution including confidentiality	5	3	0	5

OT/OTA'S Signature: _____

Thank you very much for your cooperation and time. If you have any questions, please contact me.

Best Wishes,

Dr. Chad Schneider

Director of the Occupational Therapy Assistant Program at Washington State College of Ohio

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