

DOCUMENTATION OF EXPERIENCE FORM

PLEASE PRINT. Part 1 is to be completed by the applicant. Part 2 (back of this page) is to be completed by the Occupational Therapist providing the documentation of experience.

PART 1: TO BE COMPLETED BY APPLICANT

IMPORTANT!

To the Applicant: Complete ONLY Part 1 of this form before sending it with a self-addressed stamped envelope to the occupational therapist who will be providing your documentation of experience. Write your name and address on the envelope and when it has been returned to you, enclose the SEALED envelope with the rest of your application materials. Do not open the envelope when you receive it. ***If the seal is broken on the envelope, your entire application will be returned to you.***

1. Applicant's Name: _____
2. Applicant's Current Address: _____
3. Name of Occupational Therapist supplying documentation: _____

Name	Title	Facility	Phone
------	-------	----------	-------

4. Dates you spent at the above facility: _____
5. Total hours you spent at the above facility _____
6. Circle the following that best describes the type of facility where you gained your experience.

Acute care	Rehabilitation	Out-Patient
Long Term Care	Home Health	Industrial Rehab
School system	Skilled Nursing	Psychiatric
Other: _____		

7. Circle the Types of patients you observed:

Orthopedics	Hand Therapy	Neurological (CVA, TBI)	Geriatrics
Spinal cord	Pediatrics	Amputees	Cancer
Burns	Psychiatric	Other: _____	

8. Circle the following that describes the types of OT/treatments that you observed.

Exercises	Positioning	Recreational/games or sports	Transfers
Garments	Group Activities	Activities Daily Living (ADL)	Crafts
Sensory Integration	Work hardening	Adaptive Equipment	Play
Family consultation	Splinting	Creative Expression (art, drama, music)	Splinting
Other: _____			

9. Circle the therapeutic relationship observed (ways therapist used to verbally facilitate treatment).

Supportive	Encouraging	Explained	Positive Feedback
NONVERBAL			
Proximity _____		Facial Expression _____	Other: _____

PART 2: TO BE COMPLETED BY OCCUPATIONAL THERAPIST

IMPORTANT: To the Occupational Therapist: The person described in Part 1 of this form has applied for admission to the Delgado Community College Occupational Therapy Assistant Program and stated on his/her application that experience in occupational therapy was gained under your supervision.

1. Please summarize your evaluation of this applicant by placing an "x" on each continuum indicating the applicant's level of performance. NOTE: A mark at the far right end of the scale indicated that the applicant is "exceptional" and a mark at the far left of the scale indicated that the student is "poor" for that particular category. Please comment if appropriate.

Listening Skills

1 2 3 4 5 6 7 8 9 10

Ignores patient or OT responds inappropriately

Attentive listener, responds appropriately

Comments:

Verbalization

Painfully shy
Hesitates to speak

Verbalizes Well,
comfortable conversing

Comments:

Interest

Non-participative,
Appears bored

Shows enthusiasm,
asks questions

Comments:

Behavior

Nuisance, late, unreliable
excessive socializing
upset by patient's conditions

Reliable, helpful, polite
courteous, pleasant to have around
responds in an exceptional manner to patients

/staff

Comments:

2. Briefly describe this applicant's major strengths and weaknesses. Use additional page if necessary.
3. Volunteer/Observer? Yes _____ No _____ Approximate Number of Hours _____
Paid Employee? Yes _____ No _____ Approximate Number of Hours _____
4. _____ I recommend this applicant for admission without reservation.
_____ I recommend this applicant for admission with reservation. Please describe.
_____ I do not recommend this applicant for admission.

Signature	Position/Title	OT License #/State	Date
Name (Please Print)	Facility	Address	Phone

This form is to be mailed to the applicant in the envelope provided. Please SEAL and SIGN ACROSS THE SEAL to insure confidentiality. Return the sealed, signed envelope to the applicant who will submit it unopened with the rest of his/her application.

IF YOU HAVE QUESTIONS, PLEASE CONTACT LINDA KELLY, 504-671-6241. THANK YOU FOR YOUR ASSISTANCE.