

Allen College

Occupational Therapy Observation Form

Dear OT Practitioner:

This letter is to request your assistance with the selection of students for the Doctor of Occupational Therapy (OTD) Program at Allen College. As part of the application process, prospective students are required to obtain observation experience in a minimum of 2 different settings. Examples of different settings include the following: long-term care, school systems/early intervention, rehab center, hospital in-patient, hospital outpatient, outpatient clinic, home health, etc.

Students are to complete these observations under the supervision of a registered occupational therapist. Students are allowed to complete a portion of these hours with a COTA but the majority of the shadow experience should be with an OTR. Students are not allowed to complete these observations in facilities in which they currently work or with clinicians with whom they are related. The applicant must have a form completed by the OTR and if appropriate the COTA, with whom the applicant observed for each different setting. We encourage that the observation experiences include opportunities for the applicant to interact with patients, if possible.

You (the OTR) may complete the form and return it to the applicant after the completion of their observation hours. Please do not hesitate to contact me should you have any questions. The faculty and I thank you for your willingness to assist in the process of selecting occupational therapy students who can ultimately be an asset to the profession.

Sincerely,

Denise Dermody OTD, MAOT, OTR/L

Denise Dermody, OTD, MAOT, OTR/L, CLA
Doctor of Occupational Therapy Program
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Questions?

Contact (319) 226-2014 or admissions@allencollege.edu



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Occupational Therapy Observation Form

Applicants for the Doctor of Occupational Therapy (OTD) Program are required to complete observation in a minimum of 2 different settings. This experience must be satisfied prior to application review.

Section 1: Observation Experience

Please complete the information below for observation verification.

Applicant Name												
Name of Facility												
Facility Address												
<i>Setting</i>	<i>Long Term Care</i>	<input type="checkbox"/>	<i>School System</i>	<input type="checkbox"/>	<i>Outpatient</i>	<input type="checkbox"/>						
	<i>Home Health</i>	<input type="checkbox"/>	<i>Hospital</i>	<input type="checkbox"/>	<i>Community Rehab</i>	<input type="checkbox"/>						
	<i>Other</i>	<input type="checkbox"/>										
<i>Ages</i>	<i>Infants</i>	<input type="checkbox"/>	<i>Children</i>	<input type="checkbox"/>	<i>Adolescents</i>	<input type="checkbox"/>						
	<i>Adults</i>	<input type="checkbox"/>	<i>Elders</i>	<input type="checkbox"/>								
		<input type="checkbox"/>										
<i>Focus</i>	<i>Mental Health</i>	<input type="checkbox"/>			<i>Developmental Disabilities</i>	<input type="checkbox"/>						
	<i>Physical Dysfunction</i>	<input type="checkbox"/>			<i>Wellness Education Performance</i>	<input type="checkbox"/>						
	<i>Other</i>	<input type="checkbox"/>										
Date of Experience	<input type="text"/>					Hours completed	<input type="text"/>					
Date of Experience	<input type="text"/>					Hours completed	<input type="text"/>					
Date of Experience	<input type="text"/>					Hours completed	<input type="text"/>					

Verification:

I certify that the above-named applicant has completed the shadowing experience hours as listed above.

Evaluator Name												
Credentials												
Daytime Phone												
License # and State												
Date												
OTR Signature												

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Section 2: Observation Reflection

Select the number closest to your impression of the Applicant

5=Strongly agree (SA) 4=Agree (A) 3=No opinion (NO) 2=Disagree (D) 1=Strongly Disagree (SD)
(Comments are encouraged as you see fit, and are requested if you select D or SD.)

SA A NO D SD

Demonstrates good listening skills.

Comments:

Communicates effectively with clients and staff.

Comments:

Exhibits adaptability and flexibility. Exhibits common sense.

Comments:

Demonstrates appropriate affect, interest, and attentiveness. Appears engaged.

Comments:

Demonstrates effective interpersonal skills. Relates appropriately to clients and staff.

Comments:

Shows dependability/reliability/promptness.

Comments:

Relates well with persons in authority.

Comments:

Follows directions well. Ask questions for clarification as needed.

Comments:

Appearance is appropriate to the setting.

Comments:

Would you be willing to have this applicant return for Level II fieldwork and/or a doctoral capstone experience?

Comments:

Additional Comments: