

2018 Observation Experience

A total of 10 hours of observation experience in Occupational Therapy (OT) is required.

ONLY CURRENT YEAR FORMS WILL BE CONSIDERED FOR ADMISSION

The hours must be in:

1. At least two (2) **different types of treatment settings** which include hospitals, pediatric clinics, sports clinics, outpatient clinics, schools, skilled nursing facilities, home health, or any other type of facility that provides occupational therapy. We encouraged you to see various age groups and not all pediatric or all geriatric. These need to be clearly documented on separate observation forms. Different types of treatment settings does not mean just observing at two different physical locations. Type of setting can be two different departments at the same physical location for example at a hospital you may be able to observe 5 hours of inpatient and 5 hours of outpatient.
2. Five (5) hours is required in each setting.
3. Must be with a Registered Occupational Therapist (OTR/L) and/or Certified Occupational Therapist Assistant (COTA/L) with **one or more** years of experience with current license and registration/ certification.

The hours must be completed during the current application calendar year and documented on the 2018 Observation/Job Shadow Form included in this packet.

You will be awarded points based on the score provided by the OTR/COTA.

Bonus points will be given for extra hours and/or an extra setting with the following requirements:

- Observation/Job Shadow hours over the required 10 hours (5 hours needed)
- Observation/Job Shadow hours in an additional (third) setting (must be at least 5 hours)

Hours over 15 (10 required and 5 extra) will not be used for consideration.

When contacting facilities be sure to identify yourself as a potential student trying to get into an OTA program not as an OTA student.

Provide your Observation/Job Shadow supervisor with a stamped envelope addressed to the Crowder College OTA Program. **The supervisor will complete the form and must mail it to us with their signature over the seal of the envelope by August 1, 2018.**

Stamped envelope should be addressed the following address:

Crowder College – Occupational Therapy Assistant Program
Attention: Observation Form
600 S. Ellis
Webb City, MO 64870



Occupational Therapy Assistant Program
 600 Ellis Street Webb City, MO 64870
 Phone: 417-673-2437 ext. 209 Fax: 417-673-2300
 ota@crowder.edu

2018 OBSERVATION/JOB SHADOW FORM

****I am requesting completion of this evaluation form by an individual of my choosing to be used in the admission selection process for the Occupational Therapy Assistant Program at Crowder College and do hereby waive my right of access to this document.****

Applicants Name (printed)

Applicants Signature

Facility Name: _____

Facility Address: _____

Facility Phone: _____

Type of Setting (only one type per form): _____

Date(s): _____

Number of hours in this setting: _____

Please use the following scale to rate the applicant:

	None	Poor	Fair	Excellent
Time Management – requested hours with advanced notice, arrived on time, and remained engaged during the experience	O	1	2	3
Interpersonal skills – demonstrated appropriate body language, good eye contact, good listening skills, and able to verbalize thoughts clearly.	O	1	2	3
Professionalism – dressed appropriately and demonstrated professional behavior	O	1	2	3
Understanding of OT – demonstrated a basic understanding of OT, asked relevant questions and demonstrated reasoning and insight	O	1	2	3
Recommendation for admission to Crowder College OTA Program	Not Recommend 0	Recommend with Reservations 2	Recommend 4	Strongly Recommend 6
SubTotal				

Comments:

TOTAL

OTR/L or COTA Name (Printed)

OTR/L or COTA Signature

Place this form in the stamped addressed envelope provided by the student, sign across the seal, and mail.



Occupational Therapy Assistant Program
 600 Ellis Street Webb City, MO 64870
 Phone: 417-673-2437 ext. 209 Fax: 417-673-2300
 ota@crowder.edu

2018 OBSERVATION/JOB SHADOW FORM

****I am requesting completion of this evaluation form by an individual of my choosing to be used in the admission selection process for the Occupational Therapy Assistant Program at Crowder College and do hereby waive my right of access to this document.****

Applicants Name (printed)

Applicants Signature

Facility Name: _____

Facility Address: _____

Facility Phone: _____

Type of Setting (only one type per form): _____

Date(s): _____

Number of hours in this setting: _____

Please use the following scale to rate the applicant:

	None	Poor	Fair	Excellent
Time Management – requested hours with advanced notice, arrived on time, and remained engaged during the experience	O	1	2	3
Interpersonal skills – demonstrated appropriate body language, good eye contact, good listening skills, and able to verbalize thoughts clearly.	O	1	2	3
Professionalism – dressed appropriately and demonstrated professional behavior	O	1	2	3
Understanding of OT – demonstrated a basic understanding of OT, asked relevant questions and demonstrated reasoning and insight	O	1	2	3
Recommendation for admission to Crowder College OTA Program	Not Recommend 0	Recommend with Reservations 2	Recommend 4	Strongly Recommend 6
SubTotal				
Comments:				TOTAL

OTR/L or COTA Name (Printed)

OTR/L or COTA Signature

Place this form in the stamped addressed envelope provided by the student, sign across the seal, and mail.



Occupational Therapy Assistant Program
 600 Ellis Street Webb City, MO 64870
 Phone: 417-673-2437 ext. 209 Fax: 417-673-2300
 ota@crowder.edu

2018 OBSERVATION/JOB SHADOW FORM

****I am requesting completion of this evaluation form by an individual of my choosing to be used in the admission selection process for the Occupational Therapy Assistant Program at Crowder College and do hereby waive my right of access to this document.****

Applicants Name (printed) _____

Applicants Signature _____

Facility Name: _____

Facility Address: _____

Facility Phone: _____

Type of Setting (**only one type per form**): _____

Date(s): _____

Number of hours in this setting: _____

Please use the following scale to rate the applicant:

	None	Poor	Fair	Excellent
Time Management – requested hours with advanced notice, arrived on time, and remained engaged during the experience	0	1	2	3
Interpersonal skills – demonstrated appropriate body language, good eye contact, good listening skills, and able to verbalize thoughts clearly.	0	1	2	3
Professionalism – dressed appropriately and demonstrated professional behavior	0	1	2	3
Understanding of OT – demonstrated a basic understanding of OT, asked relevant questions and demonstrated reasoning and insight	0	1	2	3
Recommendation for admission to Crowder College OTA Program	Not Recommend 0	Recommend with Reservations 2	Recommend 4	Strongly Recommend 6
SubTotal				
Comments: _____	TOTAL			

OTR/L or COTA Name (Printed) _____

OTR/L or COTA Signature _____

Place this form in the stamped addressed envelope provided by the student, sign across the seal, and mail.