

**SHAWNEE STATE UNIVERSITY  
MOT VOLUNTEER EVALUATION**

**Applicant's Name:** \_\_\_\_\_

**Applicant's Date of Birth:** \_\_\_\_\_ **SSU ID#** \_\_\_\_\_

*I waive all rights of access to this evaluation under federal or state law, and understand that by signing this waiver, this evaluation will be confidential and will only be used for the purpose of admission to this program.*

\_\_\_\_\_  
(Applicant's signature) Date

***IF THE APPLICANT HAS NOT SIGNED THIS WAIVER, THIS EVALUATION MAY BE DISCLOSED TO THE STUDENT UPON REQUEST.***

**Therapist:** \_\_\_\_\_ **\*NBCOT#** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Facility Phone:** \_\_\_\_\_

**APPEARANCE:**

1. Clean and neat
2. Appropriate attire

Excellent	Satisfactory	Unsatisfactory

**PERFORMANCE:**

1. Prompt
2. Attentive
3. Asks appropriate questions
4. Follows directions
5. Carries out assignments
6. Shows initiative
7. Works well with staff
8. Works well with patients/clients


Would you want this person to work for you as an OT? \_\_\_ Yes \_\_\_ No

Explain: \_\_\_\_\_

**VOLUNTEER TIME RECORD**

Date	Hours	Initials	Date	Hours	Initials	Date	Hours	Initials

**Total number of Hours Served:** \_\_\_\_\_ **Therapist's Signature** \_\_\_\_\_

**RETURN DIRECTLY TO: MOT GRADUATE ADMISSIONS, Shawnee State University  
940 Second St., Portsmouth, OH 45662**

\*NOTE: The NBCOT# is necessary to verify the student was directly supervised by an OTR  
September 2005