SHAWNEE STATE UNIVERSITY BSOT VOLUNTEER EVALUATION

IF THE APPLICANT HAS NOT SIGNED THIS WAIVER, THIS EVALUATION MADE DISCLOSED TO THE STUDENT UPON REQUEST. Therapist:*NBCOT#	I waive all ri	ghts of acces	ss to this eval	uation und	er federal or s ill only be use	tate law, and	d understand	d that by sign	ning this
BE DISCLOSED TO THE STUDENT UPON REQUEST. Therapist:*NBCOT#					(App	licant's sign	ature)		Da
Facility:						,	THIS EVA	ALUATIO	N MAY
Facility: Facility Address: Facility Phone: Facility Phone:	Therapist:_				*NBCOT#				
Facility Address: Facility Phone: APPEARANCE: 1. Clean and neat 2. Appropriate attire 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 Do you think this person would make a good OT? YesNo Explain: VOLUNTEER TIME RECORD									
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RETURN TO: Shawnee State University, BSOT admissions, 940 Second St, Portsmouth, OH 45662

^{*}NOTE: The NBCOT# is necessary to verify the student was directly supervised by an OTR