



Shawnee State University

College of Professional Studies

OCCUPATIONAL THERAPY ASSISTANT PROGRAM OBSERVATION HOURS FORM

Student applicants should make duplicate copies of this form as needed, in order to provide EACH supervising OT/OTA with an individual observation form. For convenience please mail the clinical observation forms directly to **Kelley Frantz, Shawnee State University, 940 Second Street, Portsmouth, OH 45662. Forms may also be sent via email to Kelley Frantz at kfrantz@shawnee.edu.**

Please fill out the FERPA waiver prior to submitting the form to the clinician. This will allow the Supervising OT/OTA to mail personal information directly to the University and the OTA program to have access to this information for admissions purposes only. It is your responsibility to follow the facility's requirements for observation regarding HIPAA confidentiality, and OSHA.

Student ID Waiver of FERPA: This waiver statement should be signed if you desire to waive the rights of privacy provided by the Family Educational Rights and Privacy Act of 1974, so that this reference may be read by others. This information will be used in a confidential manner for the express purpose of application to the PTA program.

Applicant's Signature _____ **Date:** _____

Printed Applicant's Name _____ **SSU Student ID:** _____

The OT/OTA completing this Observation form should confirm the documented hours spent in observation and also complete the student evaluation based on the criteria provided. **The Clinician completing this form should mail the form DIRECTLY to Kelley Frantz via mail or email (both listed above). Please DO NOT allow the student to submit this form.**

OTR/COTA Name (please print) _____

OTR/COTA Signature _____

License Number: _____ **Title:** _____

Facility/Company Name: _____

Did you have any relationship with this applicant prior to this observation experience: _____
If so, in what capacity? (i.e. former patient, family, friend): _____

Note to the Clinician: The OTA program feels that it is crucial for prospective students to be exposed to various clinical settings. We thank you for your willingness to assist prospective students with this requirement. Students are required to obtain a minimum of 20 hours in a Occupational Therapy setting prior to applying to the program. However, more observation hours are encouraged.

Clinical Observation Hours Tracking Log:

| Date | Hours Completed | OT/OTA signature | Date | Hours Completed | OT/OTA signature |
|------|-----------------|------------------|------|-----------------|------------------|
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TOTAL OBSERVATION HOURS COMPLETED AT FACILITY: _____

Please use the following Chart to evaluate the applicant’s performance during observation hours. The recommendation can reflect the opinion of other OT/OTA's that have had interactions with the applicant during observation hours. Examples are provided under each listed “skill/ability” to provide the suggestive criteria for assessing the student performance of each ability/skill (they are not meant to be all inclusive, or required). Please place a “X” in the most appropriate box to reflect your opinion of the applicant with those criteria.

| Skill/Ability | Good | Fair | Poor | Comments |
|---|------|------|------|----------|
| Professionalism <ul style="list-style-type: none"> • Follows dress code • Appropriate behavior • Appropriate language/communication • Responsible • Timely | | | | |
| Commitment to Learning <ul style="list-style-type: none"> • Interest in learning, Asking questions • Interest in the field of OT/OTA • Enthusiasm for overall clinical experience • Interacting with staff and patients • Self-Initiates learning opportunities | | | | |
| Interpersonal Skills <ul style="list-style-type: none"> • Relates to patients and staff appropriately • Body language | | | | |

Would you be willing to recommend this student? YES YES, with reservation NO

Would you be willing to work with this applicant as a colleague? YES YES, with reservation NO

Explain: _____