



Occupational Therapy Observation Verification

DEPARTMENT OF OCCUPATIONAL THERAPY
LOMA LINDA UNIVERSITY

Instructions to therapist: Your evaluation and comments regarding this student's performance is very important to us. Please complete the following performance task assessments. This form will be reviewed as part of the admission process. Thank you!

Applicant's Name: _____ Date: _____

Facility: _____

Address: _____

Telephone: (____) _____

Supervising Therapist Name: _____ Signature: _____

G = Good F = Fair P = Poor N = No opportunity to observe

Performance Tasks	G	F	P	N	Comments
1. Social skills with OT staff, patients, other disciplines. E.g. friendly attitude, appropriate conversation.					
2. Punctuality, demonstrates timeliness, good time management					
3. Safety judgment, alertness to environmental conditions.					
4. Follows department policies, e.g. attire, respect for rules, confidentiality.					
5. Responds to feedback and modifies behavior accordingly.					
6. Demonstrates interest in OT, asks appropriate questions.					

TOTAL OBSERVATION HOURS COMPLETED: _____ (This information is required)

Do you recommend this applicant to become a member of the OT profession? Yes No

Additional Comments:

REACTION TO OBSERVATION EXPERIENCE

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Instructions to applicant: At the end of your observation experience, complete this page summarizing your reaction to the experience. Submit one summary for each experience.

Student Name: _____ Date: _____

Facility Name: _____

Type of Setting: Physical Disabilities Mental Health Pediatrics
 Geriatrics Other _____

Total volunteer hours completed: _____

In the space below, summarize what you learned about Occupational Therapy from this experience.

OBSERVATION HOURS TIMESHEET

NAME _____

FACILITY NAME _____

Date	In	Out	In	Out	Total Time

Total volunteer hours _____

Signature of supervising OT _____