



WAYNE STATE
Eugene Applebaum
College of Pharmacy
and Health Sciences

College of Pharmacy and Health Sciences
Department of Occupational Therapy

COPY THIS FORM AS NEEDED

Name: _____

Anticipated Date of Admission: _____

This portion of the application is designed to give us information regarding the student/applicant's experiences during contact with a Registered Occupational Therapist (OTR) in a clinical setting or in a classroom setting. Twenty (20) hours of contact are required for admission to the Occupational Therapy Professional Program. When completed, this form should be reviewed with the student, signed by the OTR and the student, and returned to the student for inclusion in the application. Thank you for your participation in our admission process.

To be completed by the student:

Check only one for each form:

_____ I spent _____ hours in this clinical setting in contact with an OTR.

_____ I took/am taking an occupational therapy course at a community college, college, or university other than Wayne State University. The class was/is taught by a Registered Occupational Therapist. I would like to use this class to fulfill 10 or the required hours of contact with and OTR.

OTR's Name: _____ **OTR's Title:** _____

Facility: _____ **Telephone:** _____

Address: _____

Date(s) of Experience(s): _____

Complete the following questions:

What activities did you engage in during your experience?

Describe any clients or patients you encountered.



To be completed by the Registered Occupational Therapist (OTR)

PLEASE RANK THE APPLICANT FOR EACH ITEM AS FOLLOWS:

- 4-Excellent
- 3-Good/Above average
- 2-Average/Satisfactory
- 1-Poor/Unsatisfactory
- NA-Not Applicable

- _____ Ability to follow direction
- _____ Attendance and Punctuality
- _____ Attitude
- _____ Communication skills
- _____ Cooperation
- _____ Dependability
- _____ Flexibility
- _____ Initiative
- _____ Interactions with clients
- _____ Interactions with staff
- _____ Interest in occupational therapy
- _____ Maturity
- _____ Motivation
- _____ Observation skills
- _____ Poise/Adjustment to a variety of situations
- _____ Problem-solving skills
- _____ Responsibility

Comments: We encourage you to make further comments to express, clarify, and reinforce your opinions regarding this student/applicant. Applicants wishing to comment may attach an additional sheet.

Therapist Signature: _____ Date: _____

Student Signature: _____ Date: _____