

**MADISONVILLE COMMUNITY COLLEGES
OCCUPATIONAL THERAPY ASSISTANT PROGRAM**

STUDENT EVALUATION OF CLINICAL OBSERVATION

STUDENT NAME _____

FACILITY _____

OT PERSONNEL OBSERVED _____

DATE(S) OBSERVED _____ **HOURS** _____

Briefly describe the type of treatment observed (diagnoses, ages, activity, environment).

Did the person who worked with you explain what was happening so that you could understand? _____

Explain _____

How do you think this individual feels about what they are doing? Describe their attitude, level of enthusiasm, involvement with the patient, etc _____

Did this experience change how you look at and feel about the profession of Occupational Therapy? _____

Explain _____

What did you especially like about this experience?

What would you have changed and how?

Student Signature _____ Date _____

Please return this form to the Program Director, Occupational Therapy Assistant Program, Madisonville Community and Technical Colleges, 750 Laffoon St., Madisonville, KY 42431