MADISONVILLE COMMUNITY COLLEGE
OCCUPATIONAL THERAPY ASSISTANT PROGRAM
VERIFICATION OF CLINICAL

Students entering the Occupational Therapy Assistant Program must have at least 10 hours of clinical observation in a department that provides Occupational Therapy services. We ask that you will out this form to verify that the student has spent time with you, and to give us feedback about this student's response in your facility. Feel free to discuss this information with the student or enclose it in a sealed envelope and return it to the school. Thank you for your assistance.

STUDENT NAME _____

FACILITY _____

FACILITY REPRESENTATIVE _____

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

INDICATE THE TYPE CLIENTS SERVED

_____Acute Rehabilitation
_____Outpatient rehabilitation
_____Mental Heatlth
_____ Home Health
_____Pediatric (Early Intervention)
_____Pediatric (School system)
_____Long term care
_____Other _____

List some diagnoses seen by this student
_____
_____

INDICATE THE AGE GROUP(S) OBSERVED

_____ 0-3 years
_____3-12 years
_____Adolescent
_____Young adult (18-30)
_____Adult (to 65)
_____Older adult (over 65)

STUDENT'S APPEARANCE

_____Well groomed, clean, neat
_____ Appropriately dressed
_____Needs attention
Comments _____
_____
_____
_____

STUDENT'S ATTITUDE

_____Friendly
_____Aggressive
_____Bored
_____Asked questions
_____Expresses self well
_____Shows concern for patient
_____Conversation appropriate
_____Assertive
_____Interested
_____ Shy
_____Talkative
_____Confident

GENERAL COMMENTS

_____
_____
_____
_____
_____
_____

SIGNATURE_____ **DATE** _____
(Facility OT representative)