

**MADISONVILLE COMMUNITY COLLEGE
OCCUPATIONAL THERAPY ASSISTANT PROGRAM
VERIFICATION OF OCCUPATIONAL THERAPY OBSERVATION**

Students entering the Occupational Therapy Assistant Program at Madisonville Community College must have at least 10 hours of observation in a department that provides Occupational Therapy services. We ask that you complete this form to verify that the student has spent time with you, and to give us feedback about this student's behavior 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: _____

OT Practitioner Name: _____ **Title:** _____

(Please print)

Was the student provided an orientation of expectations during observations? Yes No

Dates(s) Observed: _____ **Total time/hours:** _____

Indicate the type of setting observed:

<input type="checkbox"/> Acute Rehabilitation <input type="checkbox"/> Outpatient rehabilitation <input type="checkbox"/> Mental Health <input type="checkbox"/> Home Health	<input type="checkbox"/> Pediatric (Early Intervention) <input type="checkbox"/> Pediatric (School system) <input type="checkbox"/> Long term care <input type="checkbox"/> Other _____
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List some diagnoses observed by student: _____

Indicate the age group(s) observed:

<input type="checkbox"/> 0 -3 years	<input type="checkbox"/> 3 – 12 years	<input type="checkbox"/> Adolescent
<input type="checkbox"/> Young adult (18-30)	<input type="checkbox"/> Adult (to 65)	<input type="checkbox"/> Older adult (over 65)

Was student's appearance appropriate for the setting? (Yes – No)

Excepted Student Behaviors: Respond with checks or comments that describe any positive or negative behaviors			
	Introduced self		Arrived on time
	Compliant with HIPAA		Followed all directions
	Spoke with compassion to clients or family		Asked appropriate questions of others
	Demonstrated appropriate safety		Thanked everyone for their time

General comments to support the student's future learning within the profession they are seeking:

Signature with credentials: _____ **Date:** _____

Print name: _____

Please return this form to:

**Kim Qualls, OTA Program Director
Madisonville Community College
750 N. Laffoon Street
Madisonville, KY 42431.**