

Applicant: Read this packet and follow the instructions precisely.

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Dear OT Practitioner:

This letter is to request your assistance with the selection of students for the Occupational Therapy Assistant program. As part of the application process, prospective students are required to obtain a **minimum of 8 hours of observation consisting of at least four hours of observation in two different settings** (examples of different settings: nursing homes, school system, rehab center, hospital, home health, etc.) under the supervision of a registered occupational therapist or certified occupational therapy assistant, to whom he or she is **not** related. **The applicant must be observed and rated by two different OT practitioners for a minimum of 8 hours.** The applicant must have the attached recommendation form completed by **an OTR or COTA** with whom the applicant observed. We prefer that the observation experiences offer opportunities for the applicant to interact with patients.

Attached you will find the form with which to rate the applicant's performance. Along with this packet, **the applicant is to supply you with a stamped envelope addressed as follows:**

OTA Program
Panola College
820 W. Panola
Carthage, TX 75633

You (the OTR or COTA) may complete the form with the applicant on site, place it in an envelope, seal it, sign across the seal and give it back to the applicant to mail. Or, if time or situation does not allow for immediate completion, the practitioner may complete the form later and mail it to the OTA program in the envelope provided.

The faculty and I thank you for your willingness to assist in the process of selecting occupational therapy assistant students who will be an asset to the profession.

Sincerely,

Cheri Lambert, MS, OTR
OTA Program Director

**Panola College
Occupational Therapy Assistant Program
OTA Applicant Recommendation Form**

Applicant _____
Last Name
First Name

OTR OR COTA COMPLETING THIS RECOMMENDATION:

Name _____ Title _____

Facility _____

Describe your facility (circle as many as apply)

Setting: long term care / school system / rehab / outpatient / home health
 other _____

Ages: infants / children / adolescents / adults / elders

Focus: mental health / developmental dis./ physical dysfunction /
 wellness / other _____

A minimum of four (4) observation hours must be completed prior to your rating this applicant. Please complete this form, rate each item, sign, and return the form directly to us or to the applicant in a sealed envelope and sign your name across the seal.

Observation Hours

Date	Hours	OTR/COTA Initials

Total contact hours completed under your supervision _____

Is this applicant related to you? Yes No (Relatives may not participate.)

Rating Scale: Circle the number closest to your impression of the applicant

SA=Strongly agree(5) A=Agree(4) NO=No opinion(3) D=Disagree(2) SD=Strongly disagree (1)

Comments are encouraged as you see fit, and are requested if you circle 1 or 2.

	SA	A	NO	D	SD
1. Demonstrates good listening skills. Comments:	5	4	3	2	1
2. Communicates effectively with clients and staff: Comments:	5	4	3	2	1
3. Exhibits adaptability and flexibility. Exhibits common sense. Comments:	5	4	3	2	1
4. Demonstrates appropriate affect, interest and attentiveness. Appears engaged. Comments:	5	4	3	2	1
5. Demonstrates effective interpersonal skills. Relates appropriately to clients and staff. Comments:	5	4	3	2	1
6. Shows dependability/reliability/promptness. Comments:	5	4	3	2	1
7. Relates well to person in authority. Comments:	5	4	3	2	1
8. Follows directions well. Asks questions for clarification. Comments:	5	4	3	2	1
9. Appearance is appropriate to the setting. Comments:	5	4	3	2	1
10. Would you be willing to have this applicant return for Level II fieldwork?	Yes	No			

