

OBSERVATION VERIFICATION FORM

OCCUPATIONAL THERAPY PROGRAM
JAMES MADISON UNIVERSITY
235 Martin Luther King Jr Way MSC 4315
Harrisonburg, VA 22807

Applicant Name: _____
Last, First Middle

Anticipated Date of Admission: _____

This portion of the application is designed to provide information regarding the applicant's behavior during their volunteer experience. A minimum of 40 hours of observation are required for admission to the James Madison University Occupational Therapy Program. An occupational therapist must verify hours completed by signing off on this form and complete the numeric ratings on the following page. It is recommended that students observe in two or more settings.

When completed, this form should be reviewed with the applicant, signed by the evaluator and the applicant, and returned to the applicant for inclusion in the application packet or emailed to otprogram@jmu.edu

Thank you for your participation in this process. Please direct any inquiries to OTProgram@jmu.edu or call (540) 568-2399.

This portion to be completed by the applicant:

Check only one for each form:

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

I spent _____ hours in this clinical setting in contact with a professional other than an occupational therapist.

Supervisor's Profession: _____

Print Supervisor's Name: _____ Job Title: _____

Facility: _____ Phone: _____

Address: _____

Date(s) of Experience(s): _____

Comment: _____

This portion to be completed by the volunteer experience supervisor:

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 directions
- ___ Attendance & 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 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. Please attach additional sheets, if necessary.

Therapist Signature: _____

Date: _____

Applicant Signature: _____

Date: _____