

MEMORANDUM

TO: Occupational Therapy Program Applicant

FROM: Department of Occupational Therapy
University of Central Arkansas

DATE: January 2009

SUBJECT: Required volunteer/observation experience

The Department of Occupational Therapy at the University of Central Arkansas requires a volunteer/observation experience for all program applicants. This experience must be for at least 20 hours and may be completed in any occupational therapy setting under the supervision of a registered occupational therapist (OTR). However, all 20 hours must be supervised by the same OTR. It is the responsibility of the applicant to make arrangements with an occupational therapist for this experience. The applicant is also responsible for obtaining the Volunteer/Observation Evaluation Form from the occupational therapy department and giving it to the supervising therapist. We strongly recommend completing this requirement before January 1st so that all materials will be received before the application deadline of February 1st. Furthermore, the Volunteer/Observation experience must be done within one year of applying to the program. For example, if your experience is completed in October of 2008 and you apply in November of 2009, your experience will not be accepted, you will need to complete another 20 hours of observation.

Guidelines for the volunteer experience are as follows:

1. The applicant makes arrangements with one registered occupational therapist to complete all 20 hours of volunteer/observation. It is up to the applicant and therapist to agree on the schedule for these hours (i.e., 4 hours a day, 2 hours a week, etc.). This is a voluntary service provided by the therapist. Therapists are NOT obligated to provide this experience.
2. *Applicants will not be allowed to use work site as volunteer hours, nor can they observe under a therapist who is a family member or friend.
3. The applicant gives the occupational therapist the evaluation form (including cover memorandum) the first day of the volunteer experience.
4. Once the volunteer experience is finished, the occupational therapist completes the evaluation form and mails it directly to the Occupational Therapy Department at UCA. Forms will account for 10% in determining admissions into the O.T. Program
5. The evaluation form MUST be received prior to the application deadline of February 1st.

*If you are currently a COTA, please contact department regarding volunteer hours.

VOLUNTEER / OBSERVATION EVALUATION FORM

Applicant's Name: _____ Start Date of Observation _____ End Date _____

In requesting the completion of this evaluation form which will be used in the admission selection process for the occupational therapy program at the University of Central Arkansas, I waive my right of access to this document _____

(Applicant Signature)

OTR Completing this form: _____

Facility & Address: _____

Phone: _____

OTR license # _____

***Note to supervisor: Forms will account for 10% in determining admission into the O.T department. Forms must be received by the OT department prior to the application deadline of Feb. 1.**

Number of volunteer/observation hours completed at your facility: _____

Instructions: Please circle the number closest to the best description of the student.

WORK HABITS

1.1 Attendance	1	2	3	4	5
	Poor attendance. Often late				Attends regularly, on time, makes proper arrangements
1.2 Ability to follow directions	1	2	3	4	5
	Poor attendance. Often late				Attends regularly, on time, makes proper arrangements
1.3 Efficiency	1	2	3	4	5
	Poor attendance. Often late				Attends regularly, on time, makes proper arrangements

INTERPERSONAL SKILLS

2.1 Attitude toward patients	1	2	3	4	5
	Rude, careless, inappropriate, overly involved, fearful, etc.				Pleasant & appropriate
2.2 Attitude toward staff	1	2	3	4	5
	Rude, careless, inappropriate, overly involved, fearful, etc.				Pleasant & appropriate
2.3 Communication Skills	1	2	3	4	5
	Rude, careless, inappropriate, overly involved, fearful, etc.				Pleasant & appropriate
2.4 Affect/Emotional response	1	2	3	4	5
	Rude, careless, inappropriate, overly involved, fearful, etc.				Pleasant & appropriate

WORK BEHAVIOR

3.1 Motivation	1	2	3	4	5
	Unmotivated, disinterested.				Good motivation, desire to learn
3.2 Personal appearance	1	2	3	4	5
	Sloppy, too casual, overly dressed, too				Complies with regulation of site

3.3 Acceptance of role as volunteer	revealing, etc. 1 Poor-has difficulty with role as volunteer.	2	3	4	5 Excellent-self starter, dependable
3.4 Dependability, Reliability	1 Poor-no consistency dependent on others.	2	3	4	5 Excellent self starter, dependable
3.5 Patient/ client confidentiality	1 Problems maintaining confidentiality.	2	3	4	5 Understands & respects patient confidentiality no problems

PERFORMANCE COMPONENTS

4.1 Task completion/physical performance	1 Problems evident, sloppy, uncoordinated	2	3	4	5 Completes tasks without difficulty
4.2 Problem solving ability	1 Poor, unable to recognize problems concrete thinking	2	3	4	5 Excellent, demonstrates abstract reasoning, anticipates problems responds as appropriate
4.3 Judgment (safety of self & others actions)	1 Poor, lacks insight	2	3	4	5 Excellent, insightful

SUMMARY

5.1 Areas in which volunteer needs to improve:

5.2 Volunteer's strengths:

5.3 Comments

5.4 Would you recommend this applicant to be admitted into the Occupational Therapy program?
If no, please explain.

I verify that I have observed this student and that I am a licensed occupational therapist. Furthermore, I acknowledge that the data on this form will account for 10% in determining admission into the O.T department.

Signature of OTR _____ Date _____

Please send the completed form to: University of Central Arkansas
Department of Occupational Therapy
201 Donaghey Avenue
Doyle Health Sciences Center, Ste. 300
Conway, AR 72035-0001