

# VERIFICATION AND RECOMMENDATION FORM FOR JOB SHADOW/VOLUNTEER EXPERIENCE IN OT

## TO BE COMPLETED BY THE APPLICANT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

## TO BE COMPLETED BY THE OCCUPATONAL THERAPY PRACTITIONER

This section is to be completed by the occupational therapy practitioner who supervised the applicant's job shadow, volunteer or paid work experience. After completion, the form should be placed in a sealed envelope with the occupational therapy practitioner's signature across seal. The completed form should then be submitted with application packet.

Name: \_\_\_\_\_ Discipline:  OTR  OTA  Other

Facility \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- I verify that this applicant has completed \_\_\_\_\_ hours of job shadow/volunteer/paid work experience in the setting in which I work.
- Please rate the applicant on a scale of 1 to 5 with 5 representing excellence and 1 representing unsatisfactory performance.

Demonstrate interest in occupational therapy	5	4	3	2	1	NA
Has a neat and clean appearance that is appropriate for clinical setting	5	4	3	2	1	NA
Asks appropriate questions	5	4	3	2	1	NA
Communicates effectively with staff and patients	5	4	3	2	1	NA
Demonstrates initiative	5	4	3	2	1	NA

- Please select only one of the following recommendations:  
 I highly recommend this applicant for a career in OT  
 I recommend this applicant for a career in OT  
 I recommend this applicant for a career in OT with reservations  
 I do not recommend this applicant for a career in OT

4. Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

