

MEMORANDUM

TO: Occupational Therapy Program Applicant

FROM: Department of Occupational Therapy
University of Central Arkansas

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/licensed occupational therapist (OTR). However, all 20 hours must be supervised by the **same** OTR. *Supervision by an OTA will not be accepted.* 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 website and giving it to the supervising therapist. We strongly recommend completing this requirement by December 1st so that all materials are received before the application deadline of January 15th. Furthermore, the volunteer/observation experience must be completed **within one year** of applying to the program. (For example; Jan 15, 2018 to Jan 15, 2019).

Guidelines for the volunteer experience are as follows:

1. The applicant makes arrangements with **one** registered/licensed occupational therapist (OTR) to complete all 20 hours of the volunteer/observation experience. 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 or internship hours as volunteer/observation experience 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/observation experience.
4. Once the volunteer/observation experience is finished, the occupational therapist completes the evaluation form and mails it directly to the Department of Occupational Therapy Department at the University of Central Arkansas. Only the original signed form will be accepted. *No copies.* Forms will account for 10% in determining admissions into the occupational therapy program.
5. The evaluation form **MUST** be received **prior** to the application deadline of January 15th.

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: _____

State and OTR license # _____

***Note to supervisor: Forms account for 10% in determining admission into the occupational therapy program. Forms must be received by the Department of Occupational Therapy prior to the application deadline of January 15.**

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 revealing, etc.				Complies with regulation of site

3.3 Acceptance of role as volunteer	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 occupational therapy program.

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. 100
Conway, AR 72035-0001