

LAKELAND COMMUNITY COLLEGE
Occupational Therapy Assistant Program
OTA Candidate Observation Form

This section to be completed by the OTA Program Candidate (reminder: the total number of required hours is 20 divided between a minimum of two (2) different sites; minimum of 10 hours at each site):

Name of OTA Candidate: _____

Candidate Email: _____

Dates of Observation: _____ to _____ Hours Completed: _____

Please sign the following waiver prior to giving form to the supervising therapist: *I (OTA Candidate) waive the right to review this completed form in order to afford an unbiased evaluation by my supervising therapist.*

Student Candidate Signature: _____

This section to be completed by the supervising Licensed OT or OTA:

Is this candidate employed at this facility within the Occupational Therapy Department? ___Yes ___No

Facility Name and Address: _____

Facility Phone Number: _____

Please rate the OTA Candidate on the following behavioral characteristics:

Characteristics	Excellent	Good	Needs Improvement
Punctuality			
Professional Appearance			
Prepared for Observation			
Interaction with Staff			
Interaction with Clients/Patients			
Appropriate thoughtful questions			

Please mark the level of your overall endorsement of the candidate below with comments as needed:

- Highly recommended *Please provide your Comments:*
- Recommended
- Recommended with reservation
- Not recommended

Supervising Therapist (signature): _____

Supervising Therapist (printed): _____

State and License Number: _____ Date: _____

Please Return to Barry Artis, OTR/L, and OTA Program Director:

FAX: 440-525-7433 EMAIL: bartis2@lakelandcc.edu (Please do this ASAP as admission application is incomplete without documented observation hours). You may also give form to student in a sealed envelope with supervisor signature/credentials across the seal; student cannot accept if not in a sealed/signed envelope.