Tyler Junior College

Occupational Therapy Assistant Applicant

Observation Feedback

Facility: _____

Supervising Therapist: _____

Date of Observation: _____

Time In: _____

Time Out: _____

Professional Behaviors:

Arrived on time?	0		1		2
	No		no, but explanation		yes
Describe:					
	Low			High	
Appropriately dressed for setting?	1	2	3	4	5
Describe:					
	Low			High	
Interaction with staff?	1	2	3	4	5
Describe:					
	Low			High	
Interaction with clients/patients?	1	2	3	4	5
Describe:					

Overall impressions of likely success as an OTA in a setting such as yours:

_____ _____ _____

Supervision Signature/license # Date contact number/email

***Supervisor: Please fill out form, place in sealed envelope, and sign across the seal. Then, give envelope to student to turn in.