

**SCHOOL OF GRADUATE STUDIES**352 Lafayette Street, Salem, MA 01970  
salemstate.edu/graduate  
978.542.6323**INSTRUCTION TO APPLICANT**

As part of the admissions process you are required to volunteer with or observe an occupational therapist for a minimum of 20 hours and have the therapist complete and return this observation verification form. This form is due to Salem State by the application deadline (see program page).

Clearly print applicant last name \_\_\_\_\_

Clearly print applicant first name \_\_\_\_\_

Seven digit Salem State ID (if you have one) \_\_\_\_\_

**INSTRUCTIONS TO THERAPIST**

Your evaluation and comments regarding this applicant's performance is very important to us. Please complete the following performance task assessments. This form will be reviewed as part of the admission process. Thank you!

You can submit the completed form in one of three ways. Please use Option 1 (email) or Option 2 (fax).

Option 1: (preferred) email completed form to [gradadmissions@salemstate.edu](mailto:gradadmissions@salemstate.edu)

Option 2: fax completed form to 978.542.6893

Facility \_\_\_\_\_ Date \_\_\_\_\_

Facility Address \_\_\_\_\_

Therapist Email \_\_\_\_\_ Therapist phone \_\_\_\_\_

Supervising Therapist Name (please print) \_\_\_\_\_

Supervising Therapist Signature \_\_\_\_\_ OT Lic. # \_\_\_\_\_

On page two please evaluate the applicant on the listed criteria and offer comments.

**Please Check Box**

**G = Good    F = Fair    P = Poor    N = No opportunity to observe**

<b>Performance Tasks</b>	<b>G</b>	<b>F</b>	<b>P</b>	<b>N</b>	<b>Comments</b>
1. Communication skills with OT staff, patients, other disciplines (verbal, non-verbal, written, etc.)					
2. Social skills with OT staff, patients, other disciplines (affect, engagement, empathy, reciprocity, etc.).					
3. Punctuality and timeliness.					
4. Safety judgment; alertness to environmental conditions.					
5. Follows instructions and/or responds to feedback (department policies, dress code, confidentiality, etc.).					
6. Demonstrates interest in OT, (enthusiasm, curiosity, initiative, engagement, etc.).					

**TOTAL VOLUNTEER HOURS COMPLETED:** \_\_\_\_\_

**Do you recommend this applicant to become a member of the OT profession?    Yes                      No**

**Additional Comments:** (please write below or attach a separate narrative statement)