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 **December 18** application deadline.

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

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

Performance Tasks	G	F	P	N	Comments
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)