MURRAY STATE COLLEGE

Occupational Therapy Assistant Program

CLINICAL OBSERVATION RECORD

APPLICANT INFORMATION

APPLICANT NAME:________________________________DATE:________________

By requesting the completion of this form used in the admissions process for the OTA program at MSC, I waive my right of access to this document, and ask that it be faxed to the OTA Program at 580 371-9844

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Applicant Signature

Therapist Information

Thank you for agreeing to allow a prospective OTA student to observe your work. It is important for prospective students to have an understanding of the profession they are considering. We appreciate your time and effort.

- The purpose of this observation requirement is to acquaint the applicant with the nature and scope of the Occupational Therapy profession, and expose him/her to a variety of occupational therapy practice settings.
- The observation information must be completed & signed by a Licensed Occupational Therapist or Occupational Therapy Assistant who has had contact with the applicant.
- This is a confidential form, so we ask you to fax or mail it, please don't send it with the student.

Please consider the following and provide your overall impression: The applicant . . .

- Arrived promptly for observation and stayed the agreed upon amount of time.
- Was neat & appropriate in their appearance and behavior.
- Showed effective listening skills & good verbal communication.
- Observed attentively and with interest.
- Showed confidence & enthusiasm through their behavior.
- Expressed questions/comments that indicated a desire to learn about Occupational Therapy.

COMMENTS:

Each applicant must observe 16 hours to be eligible to apply for which they receive no points. After the initial 16 hours, the applicant can earn additional points by observing other clinicians. Student can earn up to 16 total points (1 point per 2 hours). Each student can observe a maximum of 16 hours with any one OT or OTA.

TOTAL AMOUNT OF TIME OBSERVED:____________________________**DATE:** ______________________

Circle One

I recommend this student for consideration by the MSC-OTA program: **YES or NO**

CLINICIAN SIGNATURE:____**DATE:** _________________________

CLINICIAN NAME (Print) ____Phone#:_________________________

License#: ______________________ Phone #: _______________________ Email: _______________________________________

This form is to be completed and returned by the clinician. Please fax or by mail to:

FAX to **(580) 371-9844** ATT: OTA PROGRAM

Murray State College OTA program
One Murray Campus,
Tishomingo, OK 73460