Please return completed form to the following address:
University of Southern Maine
Office of Graduate Admissions
96 Falmouth Street, PO Box 9300
Portland ME 04104-9300

EVALUATION OF APPLICANT'S VOLUNTEER/JOB SHADOWING/WORK EXPERIENCE IN OCCUPATIONAL THERAPY

(To be completed by Occupational Therapist-Supervisor)

I. General Information (Please print or type)

A. Name of applicant_____

Applicant's mailing address_____

B. Dates of experience at facility_____

C. Total number of hours spent at this facility_____

D. Name & address of facility _____

_____

E. Describe nature of experience: _____

II. Observation of applicant: Please rate the applicant in each of the following areas using the scale shown:

	1 = Poor	**2 = Fair**	**3 = Satisfactory**	**4 = Good**	**5 = Excellent**
A. Personal appearance	1	2	3	4	5
B. Punctuality	1	2	3	4	5
C. Communication with staff	1	2	3	4	5
D. Communication skills with patients	1	2	3	4	5
E. Initiative to assist with duties & seek opportunities for learning	1	2	3	4	5

III. Supervisor's recommendation of the applicant for acceptance into OT Program

_____

_____

IV. Printed Name & Title of Supervisor _____

Signature of Supervisor_____ Date_____

Signature of Applicant _____ Date_____