



Dear OT Practitioner:

This letter is to request your assistance with the selection of students for the Master of Science Program in Occupational Therapy at Wilmington College. As part of the application process, prospective students are required to obtain a minimum of 10 hours of observation, consisting of at least 5 hours of observation, in a minimum of two different settings and facilities. Examples of different settings include the following: Nursing homes, school systems, rehab centers, hospitals, home health care, etc. Students are to complete these observations under the supervision of a registered occupational therapist or certified occupational therapy assistant. Students are not allowed to complete these observations in facilities in which they currently work or with clinicians with whom they are related. The applicant must have one attached form completed by an OTR or COTA, with whom the applicant observed, for each separate facility. We prefer that the observation experiences offer opportunities for the applicant to interact with patients, if possible.

Please complete the form as requested and feel free to contact us at any time should you have questions. We thank you for your willingness to assist us in the process of selecting occupational therapy students who can ultimately be an asset to the profession.

Sincerely,

MSOT Admissions Team
Master of Science Program in Occupational Therapy
Wilmington College
(937) 481-2360
msotinfo@wilmington.edu



Wilmington
College
Occupational
Therapy

Wilmington College
Master of Science in Occupational Therapy
Applicant Observation Form

Applicant -----
Last Name First Name

OTR OR COTA COMPLETING THIS RECOMMENDATION:

Name ----- Title -----

Facility -----

Facility Information (Circle as many as apply.)

Setting: long term care / school system / outpatient / home health / community
rehabilitation facility / hospital / other -----

Ages: infants / children / adolescents / adults / elders

Focus: mental health / developmental disabilities / physical dysfunction /wellness
educational performance / other -----

Observation Hours		
Date	# of Hours	OTR/COTA Initials

Total contact hours completed under your supervision: -----



Rating Scale: Circle the number closest to your impression of the applicant:

5=Strongly agree (SA)

4=Agree (A)

3=No opinion (NO)

2=Disagree (D)

1=Strongly Disagree (SD)

(Comments are also encouraged and are requested if you circle a 1 or 2.)

	SA	A	NO	D	SD
1) Demonstrates good listening skills. Comments:	5	4	3	2	1
2) Communicates effectively with clients and staff: Comments:	5	4	3	2	1
3) Exhibits adaptability and flexibility. Exhibits common sense. Comments:	5	4	3	2	1
4) Demonstrates appropriate affect, interest and attentiveness. Appears engaged. Comments:	5	4	3	2	1
5) Demonstrates effective interpersonal skills. Relates appropriately to clients and staff. Comments:	5	4	3	2	1
6) Shows dependability/reliability/promptness. Comments:	5	4	3	2	1
7) Relates well with persons in authority. Comments:	5	4	3	2	1



8) Follows directions well. Asks questions for clarification
as needed. 5 4 3 2 1
Comments:

9) Appearance is appropriate to the setting.
Comments: 5 4 3 2 1

10) Would you be willing to have this applicant return for
a Level II fieldwork?
Comments: 5 4 3 2 1

Any additional comments or information you would like us to know about the applicant:

Signature _____ Date _____

Credentials _____ Daytime Phone _____

License # _____ State _____

Facility Mailing Address: _____

THANK YOU!