

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER, NEW ORLEANS
School of Allied Health Professions
Department of Occupational Therapy

DOCUMENTATION OF EXPERIENCE: MASTER OF OCCUPATIONAL THERAPY PROGRAM

To the **APPLICANT**: Complete items 1-5 (above double line) before delivering this form with a self-addressed Documentation of Experience Form Envelope to the occupational therapist who will be providing your documentation of experience. Write your name and address on the envelope. When this form has been returned to you, return the **SEALED** envelope with the rest of your application materials. Do not open the envelope. If the seal is broken on the envelope, your entire application will be returned to you.

Please type or print:

1. Name of applicant: _____

2. Current address: _____

3. Name and title of occupational therapist supplying documentation:

NAME	FACILITY
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4. Dates you spent at the above facility: _____

5. Total number of hours: _____

Signature of Applicant	Date
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**Applicant: Do not write below this line. To be completed by only one therapist per facility.
Please make additional copies of this form if needed for additional facilities.**

To the **OCCUPATIONAL THERAPIST**: The above named individual has applied for admission to the Master of Occupational Therapy Program at LSU Health Sciences Center in New Orleans. We require that the applicant spend a minimum of 40 hours volunteering or observing in occupational therapy under the supervision of a licensed occupational therapist(s). We need at least one (1) licensed occupational therapist (OT) and no more than four (4) OT's to independently evaluate the applicant after supervising him/her for a minimum of 10 hours.

The proper selection of applicants for our school is of significance, not only to this university but to the public as well. In order to be fair to all applicants, we need as much information as possible. We **GREATLY** appreciate your time and support.

This form is to be completed by one licensed occupational therapist with whom the applicant has had a minimum of 10 hours of clinical experience. **Only one (1) therapist per facility should complete a form for this applicant. Since a total of 40 hours is require, additional therapists from other facilities may be required to complete additional forms to accrue the 40 hours.**

Please evaluate this applicant by placing an "X" on each continuum, indicating the applicant's level of performance in each area. NOTE: A mark on the far right end of the scale indicated that the applicant is Exceptional and a mark on the far left of the scale indicates that the student is Unacceptable for that particular category. Please comment if appropriate.

UNACCEPTABLE

EXCEPTIONAL

1. **Responsibility:** Punctual, completed tasks if asked

0	1	2	3	4	5	6	7
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2. **Attitude:** Attentive, actively participated when appropriate

0	1	2	3	4	5	6	7
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3. **Communication with Staff:** Initiated interactions and responded to comments and questions appropriately, demonstrated respect and sensitivity

0	1	2	3	4	5	6	7
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