

**OCCUPATIONAL THERAPY
JOB SHADOW OR WORK EXPERIENCE REFERENCE
(Non-Confidential)**

**University of Wisconsin-La Crosse
College of Science & Allied Health
Department of Health Professions
Occupational Therapy Program
1725 State St., 4031 Health Science Center,
La Crosse, WI 54601 Phone: 608-785-8470
E-mail: otprogram@uwlax.edu**

APPLICANT COMPLETES:

NAME OF APPLICANT

ADDRESS

EMAIL ADDRESS

FACILITY/AGENCY NAME

ADDRESS

PHONE

Type of experience: Job Shadow Work Experience
Dates of experience: to Total hours completed:
Type of setting:
Client population:

I performed/observed the following:

Applicant Name: _____

Occupational Therapist Completes:

Evaluator, please read carefully before proceeding:

The applicant named above is applying for admission to the occupational therapy program at the University of Wisconsin – La Crosse. Consider this applicant as compared to other individuals with a similar level of experience in your setting. *If it is appropriate, please rate the student in relation to the following skills. If it is not appropriate, please feel free to make comments and/or simply sign at the bottom to provide documentation of the student's visit.* This form is non-confidential and you may return it to the applicant to submit with his/her application portfolio. Thank you for your time and commitment to occupational therapy education.

1. **Commitment to Learning:** the ability to self-assess, self-correct, and self-direct; identify learning needs and sources for learning; continually seek new knowledge and understanding

Poor		Average		Excellent
1	2	3	4	5

2. **Interpersonal Skills:** the ability to interact effectively with clients, families, and health professionals

Poor		Average		Excellent
1	2	3	4	5

3. **Communication Skills:** the ability to actively listen and express self clearly

Poor		Average		Excellent
1	2	3	4	5

4. **Effective Use of Time and Resources:** the ability to obtain the maximum benefit from a minimum investment of time and resources

Poor		Average		Excellent
1	2	3	4	5

5. **Use of Constructive Feedback:** the ability to effectively use feedback for improvement

Poor		Average		Excellent
1	2	3	4	5

6. **Responsibility:** the ability to fulfill commitment; be accountable for actions; punctuality; attendance

Poor		Average		Excellent
1	2	3	4	5

OCCUPATIONAL THERAPIST SIGNATURE:

(original signature required)

Date

NAME _____

(print or type)

TITLE _____

ADDRESS AND PHONE _____

(if different from above)

This form may be duplicated as needed for documentation of work, and job shadow hours.