

## MEMORANDUM

**TO:** Occupational Therapy Assistant Applicant

**FROM:** Wright College Occupational Therapy Assistant Program

**DATE:** June 2023

**SUBJECT:** **Required** interview and **required** observation experience

Guidelines for the **required** interview experience are as follows:

1. The applicant will contact an OTR or COTA and plan for an interview. If an in-person interview is set up, it is the applicant's responsibility to follow social distancing and PPE requirements. You may also conduct the interview on Zoom or another platform in which you can observe the interviewee. It is preferred that the interview be personal, not over the phone.
2. It is the applicant's responsibility to create questions to elicit information about the occupational therapy profession, the differences between OT and OTA, responsibilities of a therapist, etc.
3. The applicant will submit a typed summary of the interview and will have the interviewee complete the *Interview Evaluation* to submit with their application materials.
4. Once the interview experience is completed, the OTR/COTA completes the evaluation form, signs over the seal of the envelope flap and gives it or mails it directly to the applicant who will submit all materials together at one time. It is the applicant's responsibility to orient the interviewee to the evaluation form and offer directions regarding the submission of the form to the applicant. The applicant may see the evaluation, but the interviewee must follow the process for submission.
5. Applicants are not allowed to interview a therapist who is a family member or friend.

Guidelines for the **required** observation experience are as follows:

(Due to the Covid-19 pandemic, sites may not allow "non-essential" individuals to observe. If an applicant is granted time to observe they must follow all social distancing and PPE requirements in that facility.)

6. The applicant will plan with an OTR/COTA to complete up to 10 or more hours of observation time within a facility. It is up to the applicant and therapist to agree on the schedule for these hours (e.g., 5 hours a day, 2 hours a week, etc.). This is a voluntary service provided by the therapist. Therapists are NOT obligated to provide this experience.
7. The observation hours may be completed within several facilities. The applicant will be required to make copies of the hours log for each facility observed in.
8. Observation hours must be dated within the current year or the year preceding the application. For example, an applicant for the 2024 class must have observation hours completed between March 1, 2023 and February 28, 2024 only.

9. Once the observation experience is finished, the OTR/COTA completes the evaluation form, signs over the seal of the envelope flap and gives it or mails it directly to the applicant who will submit all materials together at one time. It is the applicant's responsibility to orient the supervisor to the evaluation form and indicate where the hours need to be completed, as well as the directions regarding the submission of the form to the OTA office. The applicant may see the evaluation, but the supervisor must follow the process for submission.
10. Applicants will not be allowed to use a current or previous work site for observation hours, nor can an applicant observe under a therapist who is a family member or friend.

**The evaluation form(s) and all application materials must be received in the OTA department by the application deadline of March 1, 2024.**

**OBSERVATION EVALUATION FORM**

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Upon requesting the completion of this evaluation form, which will be used in the admission selection process for the Occupational Therapy Assistant Program at WRIGHT COLLEGE, I waive my rights of access to this document.

\_\_\_\_\_  
**(Applicant signature)**

OTR/COTA completing this form: \_\_\_\_\_ **(PLEASE PRINT)**

OTR/COTA **printed** name

\_\_\_\_\_  
**SIGNATURE** of OTR/COTA

Facility Name and Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Number of observation hours completed at your facility:** \_\_\_\_\_

**Please circle the number closest to the best description of the applicant.**

**WORK HABITS**

1.1 Attendance	1	2	3	4	5
	Poor attendance, often late				Attends regularly, on time, makes proper arrangements
1.2 Ability to follow directions	1	2	3	4	5
	Frequent mistakes				Follows multiple step directions
1.3 Efficiency	1	2	3	4	5
	Slow, disorganized				Completes tasks in prompt, efficient manner

**INTERPERSONAL SKILLS**

2.1 Attitude toward patients	1	2	3	4	5
	Rude, careless, inappropriate, overly involved, fearful, etc.				Pleasant & appropriate
2.2 Attitude toward staff	1	2	3	4	5
	Inappropriate, sullen, disrespectful, cavalier				Cooperative & respectful
2.3 Communication skills	1	2	3	4	5
	Ineffective, poor verbal skills, unclear, poor listener				Effective, clear, concise

2.4 Affect/emotional response	1 Labile, immature, negative, inappropriate	2	3	4	5 Mature, energetic
-------------------------------	--	---	---	---	------------------------

**WORK BEHAVIOR**

3.1 Motivation	1 Unmotivated, disinterested	2	3	4	5 Good motivation, desire to learn
3.2 Personal appearance	1 Sloppy, too casual, over-dressed, too revealing, etc.	2	3	4	5 Complies with regulations of site
3.3 Acceptance of observer role	1 Has difficulty with observer role	2	3	4	5 Accepts role without question
3.4 Dependability/reliability	1 No consistency, dependent on others	2	3	4	5 Self-starter, dependable
3.5 Patient/client confidentiality	1 Problems maintaining confidentiality	2	3	4	5 Understands & respects patient confidentiality

**PERFORMANCE COMPONENTS**

4.1 Task completion/physical performance	1 Sloppy, uncoordinated	2	3	4	5 Completes tasks without difficulty
4.2 Problem-solving ability	1 Unable to recognize problems, concrete thinking	2	3	4	5 Demonstrates abstract reasoning, anticipates problems
4.3 Judgment, safety of self & other actions	1 Poor, lacks insight	2	3	4	5 Excellent insight

**SUMMARY**

5.1 Areas in which student could improve:

5.2 Student's strengths:

5.3 Comments:



**Occupational Therapy Observation Hours Log**

Facility Name: \_\_\_\_\_ Student's Name: \_\_\_\_\_

DATE	NUMBER OF HOURS COMPLETED	SUPERVISOR'S SIGNATURE

**INTERVIEW EVALUATION FORM**

Applicant's Name \_\_\_\_\_ Date of Interview \_\_\_\_\_

Upon requesting the completion of this evaluation form, which will be used in the admission selection process for the Occupational Therapy Assistant Program at WRIGHT COLLEGE, I waive my rights of access to this document.

**(Applicant signature)**

OTR/COTA completing this form: \_\_\_\_\_ **(PLEASE PRINT)**

**OTR/COTA printed name**

**SIGNATURE of OTR/COTA**

Facility Name and Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Please circle the number closest to the best description of the applicant.**

**INTERPERSONAL SKILLS**

1.1 Attitude during interview	1	2	3	4	5
	Rude, careless, inappropriate, overly involved, fearful, etc.				Pleasant & appropriate
1.2 Attitude toward professional	1	2	3	4	5
	Inappropriate, sullen, disrespectful, cavalier				Cooperative & respectful
1.3 Communication skills	1	2	3	4	5
	Ineffective, poor verbal skills, unclear, poor listener				Effective, clear, concise
1.4 Affect/emotional response	1	2	3	4	5
	Labile, immature, negative, inappropriate				Mature, energetic appropriate affect

**WORK BEHAVIOR**

2.1 Motivation	1	2	3	4	5
	Unmotivated, disinterested				Good motivation, showed interest
2.2 Personal appearance	1	2	3	4	5
	Sloppy, too casual, over-dressed, too revealing, etc.				Professional appearance

2.3 Dependability/ reliability	1 No consistency, dependent on others, lacked interest	2	3	4	5 Self-starter, dependable, interested during interview
-----------------------------------	---	---	---	---	---

**PERFORMANCE COMPONENTS**

3.1 Interview completion	1 Sloppy, uncoordinated	2	3	4	5 Completed interview without difficulty
--------------------------	----------------------------	---	---	---	--

3.2 Problem-solving ability	1 Unable to recognize problems, adaptability, concrete thinking	2	3	4	5 Demonstrates abstract reasoning, anticipates variances
-----------------------------	--	---	---	---	---

3.3 Prepared, demonstrated cultural awareness	1 Poor, lacks insight	2	3	4	5 Excellent insight
--	--------------------------	---	---	---	------------------------

**SUMMARY**

4.1 Areas in which student could improve:

4.2 Student's strengths:

4.3 Comments: