

I, \_\_\_\_\_, hereby authorize the individual named below to complete this assessment form and return it to the Occupational Therapy Assistant Program at McLennan Community College. I understand that the information contained in this assessment form will be considered by the McLennan Health Professions Admission's Committee when making admission decisions for the Occupational Therapy Assistant Program. I waive \_\_\_/I do not waive \_\_\_\_\_all future rights to review this form once submitted to the College and agree to respect the confidentiality of the remarks contained in this assessment form.

\_\_\_\_\_  
Signature of OTA Program Applicant

\_\_\_\_\_  
Date

Name of Individual to Complete this Form: \_\_\_\_\_

{One form **must be completed** by an OT or an OTA. The second form will **preferably be completed** by an OT or an OTA, however, may be completed by a current/recent employer or faculty member.}

The OTA Program applicant named above has listed your name as a reference for application to the Occupational Therapy Assistant Program at McLennan Community College. Please complete the following assessment of this individual. ***The form may be sealed, signed over seal, and given to the applicant to submit with their application or may be mailed directly to:***

Occupational Therapy Assistant Program  
Attn: Program Director, HPN 123  
McLennan Community College  
1400 College Drive  
Waco TX 76708

\*\*This form must be received in the OTA department by no later than June 1. Late submissions will NOT be accepted.\*\*

**Please place a check beside the appropriate response to the following questions.**

How long have you known the applicant?

\_\_\_ 6 months or less      \_\_\_ 6-12 months      \_\_\_ 1-3 years      \_\_\_ 3 years or more

In what capacity have you known the applicant?

\_\_\_ Applicant was a volunteer/ did observation hours in this department

\_\_\_ Instructor/Faculty

\_\_\_ Employer/Supervisor **within** the occupational therapy profession

\_\_\_ Employer/Supervisor **outside** the occupational therapy profession

While it is essential that the applicant is academically able to be successful in the OTA Program, academics alone do not ensure success as a clinician. It is imperative that persons entering the profession of occupational therapy have a solid command of the below listed clinical soft skills [adapted from AOTA's Level I Fieldwork Competencies – 2017] in order to be a safe and effective clinician.

Based on your interactions with the applicant, please rate them as honestly as possible on the following attributes. **If a category was not observed, please indicate by marking "n/a" in the space provided.**

	5 Outstanding	4 Above Average	3 Average	2 Below Average	1 Poor	n/a
1. <b>Time management skills.</b> Consider applicant's ability to be prompt - arriving and completing assignments on time. COMMENTS:						
2. <b>Organization.</b> Consider applicant's ability to set priorities, be dependable, be organized, and follow through with responsibilities. COMMENTS:						
3. <b>Engagement in observation experience.</b> Consider applicant's apparent level of interest and level of active participation while on site. COMMENTS:						
4. <b>Self-directed learning.</b> Consider applicant's ability to take responsibility for own learning and to demonstrate motivation. COMMENTS:						
5. <b>Reasoning and problem solving.</b> Consider applicant's ability to use self-reflection; willingness to ask questions; ability to analyze, synthesize, and interpret information; and understand OT process. COMMENTS:						
6. <b>Written communication.</b> Consider applicant's ability to use proper grammar and spelling, legibility of work, successful completion of written assignments, and documentation skills ( <b>including emails</b> ). COMMENTS:						
7. <b>Initiative.</b> Consider applicant's initiative, ability to seek and acquire information from a variety of sources, and demonstrate flexibility as needed. COMMENTS:						
8. <b>Observation skills.</b> Consider applicant's ability to observe relevant behaviors related to occupational performance and client factors and to verbalize perceptions and observations. COMMENTS:						
9. <b>Verbal communication and interpersonal skills with patients/clients, staff, and caregivers.</b> Consider applicant's ability to interact appropriately with individuals, such as eye contact, empathy, limit-setting, respectfulness, use of authority; <b>degree and quality of verbal interactions, including grammar</b> ; use of body language and non-verbal communication; and exhibition of confidence. COMMENTS:						
10. <b>Professional and personal boundaries.</b> Consider applicant's ability to recognize and handle personal and professional frustrations; balance personal and professional obligations; handle responsibilities; work with others cooperatively, considerately, and effectively; <b>demonstrates integrity</b> . COMMENTS:						

**Based on the known attributes and abilities of the applicant, what do you feel is the likelihood of them successfully completing the OTA program**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Highly unlikely to be successful based on the above rated abilities		Likely to be successful based on the above rated abilities			Highly likely to be successful based on the above rated abilities	

**Based on the known attributes and abilities of the applicant, would you recommend them for the OTA program**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Do not recommend	Neutral (no strong opinion one way or the other)	Recommend with reservation	Recommend	Highly Recommend

Any additional comments about this applicant:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ OT/OTA License # \_\_\_\_\_

Business/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- Questions concerning this document should be addressed with the OTA program director, 254-299-8154.

McLennan Community College provides equal opportunities to all individuals and does not discriminate against any individual regardless of race, color, religion, national or ethnic origin, gender, disability, age, veteran status, genetic information, sexual orientation, gender identity, pregnancy, or other legally protected category in its educational programs, activities, or employment. The following person is designated to handle inquiries regarding nondiscrimination policies: Claudette Jackson, 1400 College Drive, 254-299-8465, [titleix@mcclennan.edu](mailto:titleix@mcclennan.edu)