



# VERIFICATION AND RECOMMENDATION FORM FOR JOB SHADOW/VOLUNTEER EXPERIENCE IN OT

greenriver.edu/ota • (253) 833-9111 Ext. 4839 • 12401 SE 320th St., Auburn, WA 98092

## TO BE COMPLETED BY THE APPLICANT

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours completed: \_\_\_\_\_

- Select one:  I waive the right to view this recommendation/verification form in my file at Greer River College.  
 I do not wish to waive this right; I wish to retain the right to view this letter in my file at Green River College.

## TO BE COMPLETED BY THE OCCUPATIONAL THERAPY PRACTITIONER

This section is to be completed by the occupational therapy practitioner who supervised the applicant's job shadow, volunteer or paid work experience. After completion, the form should be placed in a sealed envelope with the occupational therapy practitioner's signature across seal. The completed form should then be submitted with application packet.

Name: \_\_\_\_\_ Discipline:  OTR  OTA  Other: \_\_\_\_\_

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. I verify that this applicant has completed \_\_\_\_\_ hours of job shadow/volunteer/paid work experience in the setting in which I work.

2. Please rate the applicant on a scale of 1 to 5 with 5 representing excellence and 1 representing unsatisfactory performance:

- |                            |                            |                            |                            |                            |                              |   |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|---|
| <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A | Demonstrates interest in occupational therapy.                            |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A | Has a neat and clean appearance that is appropriate for clinical setting. |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A | Asks questions appropriately  |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A | Communicates effectively with staff and patients                          |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> N/A | Demonstrates initiative to increase learning                              |

3. Please select only one of the following recommendations:

- I highly recommend this applicant for a career in OT  
 I recommend this applicant for a career in OT  
 I recommend this applicant for a career in OT with reservations  
 I do not recommend this applicant for a career in OT

4. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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