

SOUTH TEXAS COLLEGE OCCUPATIONAL THERAPY ASSISTANT PROGRAM  
DOCUMENTATION OF VOLUNTEER EXPERIENCE FORM

**Instructions for the completion of the Volunteer of Experience Form**

1. Part 1 is to be completed by the applicant.
  - a. Applicant is to complete **ONLY** Part 1
  - b. PLEASE PRINT**
  - c. When Part 1 is complete, hand it to the supervising occupational therapy practitioner along with a stamped envelope addressed to the Occupational Therapy Assistant Program at the address listed at the end of the form.
  - d. Be sure to include the original attendance log. This document must include the dates, times and hours completed at the volunteer site, as well as the signature of the applicant and the supervising occupational therapy practitioner
  - e. The supervising occupational therapy practitioner must seal the envelope containing the required documents. They must provide their signature across the sealed portion of the envelope.
  - f. The sealed envelope **IS TO BE MAILED OR HAND DELIVERED TO THE OTA PROGRAM CHAIR** at the address listed below.
  - g. The supervising occupational therapy practitioner **CANNOT** be a family member or personal friend of the applicant.
  
2. Part 2 is to be completed by an Occupational Therapy Practitioner verifying the experience.
  - a.** The supervising occupational therapy practitioner cannot be related to student.
  - b. The supervising occupational therapy practitioner **CANNOT** be a family member or personal friend of the applicant.
  - c. The supervising occupational therapy practitioner must sign, initial, and date **all required fields** or the document will be considered incomplete and will not be accepted.
  - d. The supervising occupational therapy practitioner

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**PART 1: TO BE COMPLETED BY THE APPLICANT**

1	<b>Applicant Name</b>	
	<b>Student I.D. #</b>	

2	<b>Occupational Therapy Practitioner</b>	
	<b>Title</b>	
	<b>Facility</b>	
	<b>Address</b>	
	<b>Telephone #</b>	

3	<b>Volunteer Dates</b>	<b>Beginning</b>	<b>Ending</b>

4	<b>Volunteer Hours Completed</b>	
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5	<b>Check The Box That Best Describes This Volunteer Setting</b>		
	<input type="checkbox"/> acute care-hospital		<input type="checkbox"/> rehabilitation hospital
	<input type="checkbox"/> long term care (SNF/Nursing home)		<input type="checkbox"/> out-patient clinic adult
	<input type="checkbox"/> school system		<input type="checkbox"/> out-patient clinic pediatric
	<input type="checkbox"/> ➤ Other		

➤ Volunteer Hours completed in the Home Health setting will not be accepted

6	<b>Check The Box That Best Describes The Diagnoses At This Volunteer Setting</b>				
	<input type="checkbox"/> Fractures		<input type="checkbox"/> Developmental delay		<input type="checkbox"/> Alzheimer's
	<input type="checkbox"/> Hand injuries		<input type="checkbox"/> Autism		<input type="checkbox"/> Dementia
	<input type="checkbox"/> Hip fractures		<input type="checkbox"/> ADHD		<input type="checkbox"/> Stroke
	<input type="checkbox"/> Orthopedics		<input type="checkbox"/> Down syndrome		<input type="checkbox"/> Brain injury
	<input type="checkbox"/> Amputations		<input type="checkbox"/> Burns		<input type="checkbox"/> Spinal cord injury
	<input type="checkbox"/> Sensory processing disorder		<input type="checkbox"/> Psychiatric		<input type="checkbox"/> Debility

7	<b>Check The Box That Best Describes The age range of Clients at this Volunteer Setting</b>		
	<input type="checkbox"/> 0 – 3 years		<input type="checkbox"/> 15 - 21 years
	<input type="checkbox"/> 3 – 5 years		<input type="checkbox"/> 22 - 45 years
	<input type="checkbox"/> 6 - 11 years		<input type="checkbox"/> 46 – 65 years
	<input type="checkbox"/> 12 – 14 years		<input type="checkbox"/> 65 years

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8. On a separate page, please comment on the benefits of Occupational Therapy interventions for the patients you observed.

**PART 2: TO BE COMPLETED BY THE OCCUPATIONAL THERAPY PRACTITIONER**

IMPORTANT: The person named below is applying for admission to the South Texas College Occupational Therapy Assistant Program. This applicant is stating that experiences or observation was gained under your supervision.

<b>APPLICANT'S NAME</b>	
<b>Student I.D. #</b>	

	<b>Please summarize this applicant's level of performance by indicating a score for each criteria using the following scale:</b>	
0	<b>Poor</b>	
1	<b>Fair</b>	
2	<b>Good</b>	
3	<b>Exceptional</b>	

<b>Professional Skills</b>	<b>Score</b>	<b>Comments</b>
<b>Listening skills:</b> (displays attentiveness, responsive, active listener)		
<b>Communication:</b> (appropriate content, verbal interaction, and language usage)		
<b>Engagement:</b> (demonstrates an interest in OT, asks appropriate questions, overall attentiveness)		
<b>Behavior:</b> (enthusiastic good body language, manners, reliable, appropriate interaction with patients and staff)		
<b>Initiative:</b> (punctual, good time management readily offers assistance, seeks learning opportunities)		
<b>Attitude:</b> (positive display, responds appropriately to feedback)		

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	Yes	No	Number of hours
Volunteer observer?			
Paid employee?			

Please check the box and provide your initials for your recommendation for this applicant. Please provide an explanation for your recommendation.

	I recommend this applicant for admission without reservations.
Comments	
	I recommend this applicant, with reservations.
Comments	
	I do not recommend this applicant.
Comments	
	I certify that I am not a relative or personal friend of this applicant.

	<b>Occupational Therapy Practitioner</b>	
	<b>Signature</b>	
	<b>Position/Title</b>	
	<b>License Number</b>	
	<b>Facility</b>	
	<b>Address</b>	
	<b>Telephone #</b>	

**PLEASE MAIL THIS FORM TO:**  
 South Texas College  
 Occupational Therapy Assistant Program  
 Attention: Layman D. Miller, OTA Program Chair  
 P.O. Box 9701, McAllen, Texas 78501-9701

**Hand Deliver to:**  
 South Texas College  
 Occupational Therapy Assistant Program  
 1101 E. Vermont Room #320  
 McAllen, TX 78501-9701