VOLUNTEER or WORK EXPERIENCE in Occupational Therapy

XAVIER UNIVERSITY
DEPARTMENT OF
OCCUPATIONAL THERAPY

Applicant, please fill out this section completely as failure to do so could invalidate this form.

Name _____ Address _____

Email _____ _____

_____ _____

Applicant Signature Date

OCCUPATIONAL THERAPY PRACTITIONER SECTION

The remainder of this form must be completed by a fully credentialed occupational therapy practitioner who supervised the applicant's volunteer or work experience. The practitioner may NOT be a personal or family friend or relative.

Criteria	Concerned about recommending	Recommend w/reservations	Recommend	Recommend highly
1. Demonstrates appropriate non-verbal communication skills (appears alert, engaged, interested; makes eye contact)				
2. Displays appropriate verbal communication skills (asks questions, initiates discussion without disruption)				
3. Demonstrates professional behaviors (arrives on time, respectful, maintains appropriate boundaries)				
4. Refrains from personal use of technology unless otherwise directed				

Comments (optional):

I verify that the above applicant has completed _____(minimum of 20 hours required) hours of volunteer or work experience with the following population (Circle One): **Pediatric** **Adult** **Older Adult**

_____ _____

Occupational Therapy Practitioner Name OT License Number/State

_____ _____

Institution Name Position/Title

_____ _____

Address Office Telephone Number

_____ _____

Email Address

_____ _____

Occupational Therapy Practitioner Signature Date

Upon completion, applicant will retain form to submit with OTD application via online application system (OTCAS).