

# Occupational Therapy Assistant Program Clinical Observation Rating Form

Bossier Parish Community College  
6220 East Texas Street  
Bossier City, Louisiana 71111  
[www.bpcc.edu](http://www.bpcc.edu)

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The Clinical Observation Rating Form is utilized by the Bossier Parish Community College OTA Program in the clinical selection process. Indicate the rating that **BEST** describes the named applicant in each of the categories. Consider the listed criteria as a reference when making your selection.

## Instructions for the Applicant.

Print this form. Provide printed form to the OT or OTA you observed along with a **STAMPED** envelope **ADDRESSED** to:

Bossier Parish Community College  
Attn: OTA Program Selection Committee  
6220 East Texas Street  
Bossier City, LA 71111

## Instructions for the Clinician

Place the completed form in the addressed/stamped envelope provided to you by the observer. Seal the envelope and **place your signature across the seal** before mailing.

Completed forms may also be **emailed**. Please contact Kelly Brandon at [kbrandon@bpcc.edu](mailto:kbrandon@bpcc.edu) or Michele Allison at [mallison@bpcc.edu](mailto:mallison@bpcc.edu) for further assistance.

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## Applicant Information

Applicant: \_\_\_\_\_

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## Evaluator Information

Date of Form Completion: \_\_\_\_\_ Name of OT/OTA: \_\_\_\_\_

Dates of Observation: \_\_\_\_\_ Total Number of Hours Applicant Observed: \_\_\_\_\_

Phone Number: \_\_\_\_\_ OT/OTA email: \_\_\_\_\_

Facility in Which Observation Was Performed:  
\_\_\_\_\_

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## Demographic Information

In what capacity have you known the applicant (mark all that apply)?

Unknown prior to Observation

Friend or friend of family

Patient

Other, please elaborate: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

1=Poor or Unacceptable      2= Below Average      3= Average Satisfactory      4=Good or Above Average      5=Excellent or Outstanding

Category	Criteria on which to rate applicant	Rating					
Professional Appearance	-Dresses like a professional -Abides by dress code -Neat with good personal hygiene	1	2	3	4	5	not applicable
Enthusiasm and Interest in the Clinical Setting	-Sincerely and appropriately enthusiastic -Asks appropriate questions	1	2	3	4	5	not applicable
Time Management Skills and Attendance	-Punctual & uses observation time efficiently -Is considerate of therapist & patient needs with regard to time -Seeks unique observation activities	1	2	3	4	5	not applicable
Oral Communication	-Uses appropriate grammar -Expresses ideas clearly -Uses terminology appropriately to subject matter and audience	1	2	3	4	5	not applicable
Non-Verbal Communication	-Appropriate eye contact -Listens Attentively -Body Language	1	2	3	4	5	not applicable
People skills	-Displays evidence of being a "people person" -Makes an effort to get along with others -Has a likeable personality -Is friendly and warm with patients	1	2	3	4	5	not applicable
Role Acceptance	-Relates well to authority -Accepts constructive criticism -Makes suggested changes in performance	1	2	3	4	5	not applicable
Attitude	-Keeps a positive attitude -Displays optimism	1	2	3	4	5	not applicable
Maturity in the Clinical Setting	-Demonstrates mature behavior relative to patient care situations -Exercises discretion with both words and actions -Is appropriate and concerned with patient modesty, if applicable	1	2	3	4	5	not applicable

What is your impression of this student's overall ability to succeed with the clinical interaction requirements of the Allied Health Program for which this student is an applicant?

1. = I do not believe this student has the interpersonal readiness to succeed with demanding curriculum
2. = I have reservations relative to this student's interpersonal ability and/or motivation
3. = Interpersonal ability to succeed in clinicals, but may need to work on improving these skills
4. = Above average interpersonal ability to succeed in clinicals
5. = Outstanding interpersonal ability to succeed in clinicals

Based on your interactions with this applicant please offer a recommendation to the program selection committee

1. =I DO NOT recommend this applicant
2. =I give this student an average recommendation with some hesitation based on reasons I have indicated
3. =I give this student an average recommendation
4. =I give this applicant a good recommendation
5. =I reserve my highest recommendation for this applicant

**Comments:**