Department of Occupational Therapy

GUIDELINES FOR VOLUNTEER/WORK EXPERIENCES

PURPOSE: The Department of Occupational Therapy requires all applicants to participate in a minimum of 2 observational experiences. The purpose of these experiences is to expose the applicant to the discipline of occupational therapy. It is intended that these observations will enhance the applicant's understanding of the field of occupational therapy, the roles that therapists play within the realm of today's healthcare system and the variety of patient populations that occupational therapists serve. The requirements for this experience are as follows:

- 10 hours minimum, to be divided between 2 settings.
- settings should each serve different client populations and age groups.
- settings may include: acute care hospital, out-patient clinic, public/private school, pediatric clinic, skilled nursing facility, psychiatric hospital or day treatment program, assisted living facility, home care agency, private practice, or any other setting where a licensed occupational therapist provides occupational therapy services.

The experience should offer the student the opportunity to:

- observe verbal and nonverbal communications between clients and the occupational therapy practitioners.
- observe occupational therapists' interventions with clients.
- demonstrate responsible personal behavior, e.g. reporting on time for scheduled dates, appropriate dress to the setting.
- demonstrate respect and honesty toward others.
- respect confidentiality issues.
- observe team interactions related to client care.

Indiana Wesleyan University

School of Health Sciences
Department of Occupational Therapy

Documentation of Volunteer/Work Experience

Applicant Instructions: Write your name below and give this form to the OTR/COTA who supervised your observation, volunteer or work experiences. (Please type or print.) You must provide a stamped envelope, addressed to:

Indiana Wesleyan University
Attention: Rick Zwirn
1900 W. 50th St.
Marion, IN 46953

Supervisor Instructions: Please complete the following, and ensure confidentiality by signing across the seal of the envelope.

Applicant Name:_____

Applicant Signature:_____

OTR/COTA Name and Credentials:_____

Institution Name:_____

Institution Address:_____

Institution Phone Number:_____

Describe OT setting, client age ranges, and diagnoses:_____

_____

_____

Dates of observation/volunteer/work experience:_____

Hours Worked:_____

Supervisor Signature & Credentials_____

Date:_____