LEWIS AND CLARK COMMUNITY COLLEGE
OCCUPATIONAL THERAPY ASSISTANT PROGRAM
STATEMENT OF PERSONAL GOALS

Applicant’s Name: __________________________

Applicant’s SS #: __________________________

Please use one or both sides of this sheet for your essay (5 paragraph format required as per ENGL 131) stating your personal goals and objectives for pursuing a career as an occupational therapy assistant. (Statement should be handwritten.)
Applicants must complete eight (8) hours of clinical observation in an Occupational Therapy (OT) department. Observations must be of an Occupational Therapist or an Occupational Therapy Assistant working with clients. You must contact the OT department to schedule your observation. NOTE: You will be expected to wear business casual attire (preferably slacks and a collared shirt). Blue jeans, shorts, and sandals would never be acceptable. Keep in mind that this observation begins your professional network, so be polite, be courteous, ask questions away from clients/patients, and remember to thank those that provide you this opportunity.

Applicant, ______________________________, has observed Occupational Therapy Services at (setting) ____________________________________________ on (dates) ________________________________________________ for a total of eight hours.

_________________________________________  Date

Description of observation
In essay (5 paragraph format as per ENGL 131) form, describe the setting you observed. Indicate what type of setting, age group, diagnoses treated, and the purpose of Occupational Therapy.
LEWIS AND CLARK COMMUNITY COLLEGE
OCCUPATIONAL THERAPY ASSISTANT PROGRAM
RECOMMENDATION FORM

Applicant’s Name: __________________________________________
Applicant’s SS#: __________________________________________

To the Recommender: The above named applicant has applied to the Occupational Therapy Assistant Program of Lewis and Clark Community College. The overall objective of the Occupational Therapy Assistant Program is to present an understanding of the health needs, both physical and emotional, of individuals in our society and to prepare the student, as an Occupational Therapy Assistant, to work with people whose abilities to cope with the tasks of life are threatened or impaired by developmental deficits, the aging process, physical injury or illness, and psychological or social disabilities. In order to give the Admissions Committee as complete a profile of the applicant as possible, please respond to the following questions:

1. How long have you known the applicant, and in what capacity? __________________________________________

2. Please rate the applicant in the following areas:

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<th>Above Average</th>
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<th>Below Average</th>
<th>Unknown</th>
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<td>Ability to express ideas orally</td>
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3. What do you consider to be this applicant’s major strengths? __________________________________________

4. What do you consider to be this applicant’s major weaknesses? __________________________________________

5. Please comment on this applicant’s capabilities to be an Occupational Therapy Assistant. __________________________________________

Additional Comments: __________________________________________

Recommender’s name (please print) ___________________________ Date __________________

Signature __________________________________________

Title __________________________________________

Address __________________________________________

PLEASE RETURN COMPLETED RECOMMENDATION FORM TO:

Lewis and Clark Community College
Occupational Therapy Assistant Program
5800 Godfrey Road
Godfrey, IL 62035
LEWIS AND CLARK COMMUNITY COLLEGE
OCCUPATIONAL THERAPY ASSISTANT PROGRAM
RECOMMENDATION FORM

Applicant’s Name: ____________________________________________
Applicant’s SS#: ____________________________________________

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3. What do you consider to be this applicant’s major strengths? ____________________________________________

4. What do you consider to be this applicant’s major weaknesses? ____________________________________________

5. Please comment on this applicant’s capabilities to be an Occupational Therapy Assistant. ____________________________________________

Additional Comments: ____________________________________________

Recommender’s name (please print) ________________________________ Date ______________

Signature ____________________________________________________

Title _________________________________________________________

Address ______________________________________________________

PLEASE RETURN COMPLETED RECOMMENDATION FORM TO:
Lewis and Clark Community College
Occupational Therapy Assistant Program
5800 Godfrey Road
Godfrey, IL 62035
LEWIS AND CLARK COMMUNITY COLLEGE
OCCUPATIONAL THERAPY ASSISTANT PROGRAM
WORK EXPERIENCE VERIFICATION FORM

Applicant's Name ____________________________________________
Applicant's SS# ____________________________________________

Please describe your work experience in terms of:

1. Work place setting __________________________________________
2. Type of work performed ______________________________________
3. Age groups of consumers treated _______________________________
4. Diagnoses treated ____________________________________________
5. Years of experience __________________________________________
6. Attach a written description of the knowledge of occupational therapy profession gained from your work experience.

This portion of form to be filled out by an Occupational Therapy Practitioner:

Facility _______________________________________________________
Address _______________________________________________________
Phone Number ___________________________________________________
OT Practitioner _________________________________________________
(please print)
OT Practitioner _________________________________________________
(signature)
Credentials ____________________________________________________
Date ___________________________________________________________