

University of Kansas Medical Center

Occupational Therapy Education Department
Supporting People to Participate in Everyday Life

WORK AND/OR VOLUNTEER EXPERIENCE

2009 VERIFICATION FORM

PLEASE PRINT OR TYPE INFORMATION

The named applicant has applied for admission to the Occupational Therapy Program at the University of Kansas Medical Center. You will be verifying this individual's work and/or volunteer experience in your setting specifically, that this applicant **interacted directly with individuals with special needs.** You will be rating and providing narrative comments about the applicants performance.

To complete this confidential verification process:

- 1) Fill out this form completely.
- 2) Use the additional "comment" section provided to give other information that you feel is relevant to the applicant's ability to succeed as an occupational therapist.

Please return this **confidential** verification form to the following address:

University of Kansas Medical Center
Occupational Therapy Education Admissions Chairperson
Mail Stop 2003
3901 Rainbow Boulevard
Kansas City, KS 66160

Material must be returned directly to the department, not the applicant, and must be postmarked by: December 31, 2008

NAME OF SUPERVISOR: _____

POSITION OR TITLE: _____

AGENCY: _____

DEPARTMENT/SETTING WHERE APPLICANT WORKED/VOLUNTEERED: _____

DAYTIME PHONE: _____ E-MAIL ADDRESS: _____

Best time(s) to reach you if we require additional information: _____

Thank you for your assistance on behalf of this applicant.

APPLICANT'S NAME: _____

**The University of Kansas Medical Center- DEPARTMENT OF OCCUPATIONAL THERAPY EDUCATION
CONFIDENTIAL VERIFICATION FORM**

Was this _____ paid work experience or _____ unpaid volunteer experience?

1. In what capacity have you known the applicant? _____

2. What were the applicant's responsibilities? _____

3. What direct contact assignments with individuals with special needs were included in these responsibilities? _____

5. Please indicate beginning and ending date of this individual's experience:

6. Please indicate number of hours of this experience: _____

7. Please estimate percentage of time in these roles

_____ direct contact (*talking to clients, assisting with activities, transporting, etc.*)

_____ observation (*watching without any interaction with clients at all*)

_____ office work/administrative tasks

_____ other – please specify: _____

8. Please rate the applicant on the following:

Marginal	Fair	Good	Excellent	Characteristics	No Basis For Judgment
				MOTIVATION	
				SELF-CONFIDENCE	
				WARMTH OF PERSONALITY	
				SENSE OF HUMOR	
				EMOTIONAL MATURITY	
				ABILITY TO COPE	
				HONESTY/INTEGRITY	
				RESPECT FOR OTHERS	
				DECISION-MAKING ABILITY	
				TASK COMPLETION	
				ORGANIZATION	
				PUNCTUALITY	

9. Please feel free to provide further comments on or explain any of the information provided above.