

Master of Occupational Therapy

Eastern Michigan University

Guidelines for Content of Portfolio

Please note: Every student has two opportunities to submit an admissions portfolio. You must include all required components in order to be eligible for a full review. Should you submit an incomplete portfolio it will not be reviewed and will count as one of your opportunities. Questions re: completeness should be directed to vhowells@emich.edu.

1. **Identification page:** Include your name, address, phone, EMU student number (if applicable), email and the date you submitted the portfolio. In addition, be sure your first and last names are on the spine of the portfolio.
2. **Table of contents**
3. **Transcripts:** Include official transcripts from **ALL** previous coursework taken at other colleges and universities. Must be in sealed envelopes. We will accept an unofficial transcript from EMU **only**.
4. **Grades in pre-requisite courses:** If you have not completed all of your prerequisites at the time you submit your portfolio, you must include a plan for how you will accomplish this before August 1st of the admittance year.
5. **Results of GRE General Test**
6. **Academic reference:** Must be on official letter head and follow the format provided.
7. **Documentation of 100 volunteer hours:** A minimum of 20 hours must be with an OT in any setting and a minimum of 20 hours in an agency that is committed to social justice, community welfare, community building, or health and wellness, for example. The remaining hours should be done at an agency where the focus is on individuals with occupational performance issues. See our website for details.
 - a. Two references must be provided – one from your OT experience and one from your other volunteer experience(s)
8. **Reflective Writing:** See instructions provided.
9. **Deadline** for submitting portfolios is **January 5th of each year** for admission to the MOT program.

Please submit portfolios to:

School of Health Sciences
Eastern Michigan University
313 Marshall Building
Ypsilanti, MI 48197

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Guidelines for Reflective Writing Component

Reflect on your work with people in community agencies and with individuals you observed in OT while completing your volunteer hours. We would like you to examine the meaning of occupation in people's lives. Occupation encompasses the everyday activities that people engage in on a day to day basis that create meaning and purpose in the context of their lives.

Specifically, we would like you to reflect on the following questions:

- How did engaging in occupation affect the people you observed?
- What did you learn about others as you observed them "doing"?
- What did you learn about yourself? Think about how engaging in occupation affects you.
- How you can use these experiences to foster your growth as an occupational therapist?

The Reflective Writing Component should be no more than four pages in length. Please use 12 point font and double-space your statement. Include your first and last name on the cover page. The cover page will not be counted as one of your four pages.

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Additional Suggestions for Creating Your Portfolio

Organize:

Use a new, high quality binder that has a professional appearance.

Use high quality, non-glare page protectors.

Use dividers to separate topics.

Use only one or two font designs (12-point) that are clear and easy to read.

Be sure that your first and last names are on the spine of your portfolio.

PROOFREAD ALL DOCUMENTS

Test and Revise:

Show your portfolio to friends, faculty, parents, employers, etc. for feedback. Be able to explain why you included a particular item and what skill(s) it illustrates. Make changes and refine your portfolio for submission.

A Good Portfolio Will:

Be organized

Be accurate and complete.

Be professional in appearance.

Demonstrate a clear understanding of the Occupational Therapy profession.

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ACADEMIC REFERENCE LETTER GUIDELINES

APPLICANT – PRINT YOUR NAME HERE:

The applicant indicated above is requesting a reference letter to support his/her application to the occupational therapy graduate program at Eastern Michigan University. The graduate program in occupational therapy particularly seeks individuals who have the capability to engage in critical thinking and scholarly work, as well as to provide leadership in the profession. We appreciate your assistance in evaluating this applicant on these characteristics, as well as others listed.

PROVIDER OF REFERENCE – PLEASE READ:

In accordance with the Family Education Rights and Privacy Act of 1974, a student may request and be granted the right to review his or her reference OR the student may waive this right.

If the student applicant has waived the right to review this reference by **signing** the statement below, he/she may **not see** this reference. Please seal it in an envelope with your signature over the seal before you give it to the student applicant.

If the student **has not signed** the statement below, you may allow the student to see the reference.

STUDENT APPLICANT – PLEASE READ:

If you sign the statement below, you **may not see** the completed reference; it must be sealed by the person who completed it and returned to you in a sealed envelope with his/her signature over the seal.

I hereby waive my right to see this reference form once it is completed.

Signature of Applicant

Date

PROVIDER OF REFERENCE:

In what capacity have you known the applicant? _____

How long? _____

IMPORTANT: This page must be included with the applicant's letter of reference. Thank you!

ACADEMIC REFERENCE CRITERIA

Please address the criteria listed below when discussing the applicant's capacity for leadership, scholarly work and critical thinking. We will use this reference as a means of assessing the individual's potential for graduate study.

Communication – Makes clear, concise and coherent oral presentation of facts or ideas; actively listens to classmates and instructor; engages appropriately in class discussions.

Motivation and Persistence– Demonstrates initiative; seeks support when needed; appears motivated to be successful; evidence that work is important to personal satisfaction; seeks and utilizes feedback.

Problem Identification and Decision Making – Recognizes problems; reaches logical conclusions and makes sound decisions based on available information

Professional and Ethical Behavior – Turns in work on time; attends class regularly; effectively interacts with people from different backgrounds and with differing viewpoints; behaves in a professional, ethical manner.

In summary, please comment on the applicant's overall potential for graduate study.

Please note: The Academic Reference must be on Department or University letterhead. Contact information including credentials, email address and phone number is required.

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Documentation of Volunteer Experience Supervisor Evaluation

Student's Name: _____

Intended semester of entry to upper level courses: _____

<p>PROVIDER OF EVALUATION – Please read:</p> <p>In accordance with the <i>Family Education Rights and Privacy Act of 1974</i>, a student may request and be granted the right to review his or her evaluations OR the student may waive this right.</p> <p>If the student applicant has signed the statement to the right, he/she may not see this evaluation. Please seal it in an envelope with your signature over the seal before you give it to the student applicant.</p> <p>If the student has not signed the statement to the right, you may allow the student to see the evaluation.</p>	<p>STUDENT APPLICANT – Please read</p> <p>If you sign the statement below, you may not see the completed evaluation; it must be sealed by the person who completed it and returned to you in a sealed envelope with his/her signature over the seal.</p> <p style="text-align: center;"><i>I give up my right to see this evaluation form once it is completed.</i></p> <p>_____</p> <p>Signature of Applicant Date</p>
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Role of applicant within agency: (check one)

Employee

Volunteer

Service Learning Student

Length of Experience: _____

From _____ to _____

Number of Contact Hours: _____

Type of reference:

Occupational Therapy

Community-based Agency

Directions: Based on your observation of the applicant during this experience, please rate the student in the following areas using the rating scale provided. Please use N/A if the requirement was not observed at your setting.

1	2	3	4
Poor to Fair skill is absent, needs improvement, or is emerging	Satisfactory adequately meets requirements	Very Good meets and often exceeds requirements; quality is evident and appropriate	Excellent exceptional; consistently performs beyond or exceeds requirements

Please comment on all areas in which a 1 or 4 is given. Attach additional comments if needed.

Criteria	1	2	3	4	N/A	Comments
Appearance is appropriate						
Is dependable: on time and follows through						
Is flexible						
Cooperates and collaborates with others						
Initiates questions and clarifies areas of uncertainty						
Approaches problems creatively						
Uses good judgment and reasoning						
Relates well to others; maintains appropriate boundaries						
Communicates effectively in writing						
Communicates effectively verbally						
Demonstrates empathy: is sensitive, listens well						
Exhibits initiative: self starts, motivated and engaged						
Works independently as appropriate						

1	2	3	4
Poor to Fair skill is absent, needs improvement, or is emerging	Satisfactory adequately meets requirements	Very Good meets and often exceeds requirements; quality is evident and appropriate	Excellent exceptional; consistently performs beyond or exceeds requirements

Please comment on all areas in which a 1 or 4 is given. Attach additional comments if needed.

Engages with supervisor: accepts feedback and modifies performance						
Works effectively with individuals of varied background, ages and abilities						

Signature _____ Date _____

Name (print) _____

Relationship to volunteer or employee Supervisor Volunteer Coordinator

Other: _____

Title _____

Facility _____

Address _____ Phone (____) _____

(Street)

Email _____

(City)

(State) (Zip)