

**Master of Occupational Therapy**  
Eastern Michigan University

<b>Documentation of Volunteer Experience</b> <b>Supervisor Evaluation</b>
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Student's Name: \_\_\_\_\_

Intended semester of entry to upper level course: \_\_\_\_\_

<p><b>PROVIDER OF EVALUATION –</b> <b>Please read:</b></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 evaluation OR the student may waive this right.</p> <p>If the student applicant has <b><u>signed</u></b> the statement to the right, he/she <b><u>may not see</u></b> this evaluation. Please seal it in an envelope with <b><u>your signature over the seal</u></b> before you give it to the student applicant.</p> <p>If the student has <b><u>not signed</u></b> the statement to the right, you may allow the student to see the evaluation.</p>	<p><b>STUDENT APPLICANT –</b> <b>Please read:</b></p> <p>If you sign the statement below, <b><u>you may not see</u></b> the completed evaluation; it <b><u>must be sealed</u></b> 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><b>I give up my right to see this evaluation form once it is completed.</b></i></p> <hr/> <p>Signature of Applicant _____ Date _____</p>
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**Role of applicant within agency: (circle 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.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Poor to Fair</b> Skill is absent, needs improvement, or is emerging	<b>Satisfactory</b> adequately meets requirements	<b>Very Good</b> meets and often exceeds requirements; quality is evident and appropriate	<b>Excellent</b> 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.*

<b>Criteria</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/A</b>	<b>Comments</b>
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						

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Poor to Fair</b> Skill is absent, needs improvement, or is emerging	<b>Satisfactory</b> adequately meets requirements	<b>Very Good</b> meets and often exceeds requirements; quality is evident and appropriate	<b>Excellent</b> 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.*

<b>Criteria</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/A</b>	<b>Comments</b>
Exhibits initiative: self starts, motivated and engaged						
Works independently as appropriate						
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)

\_\_\_\_\_  
(City) (State) (Zip) Email \_\_\_\_\_