

# Grand Valley State University Occupational Therapy Program

## ACHIEVEMENT SUMMARY FORM

### TO THE APPLICANT:

Using the Achievement Summary Criteria to guide you, please indicate the activities in which you have engaged during your college career and beyond, that meet the criteria shown. Be specific. Please be sure to indicate the **year**, nature of the **activity**, the **length of time of your participation** in the activity, and **how often you participated** in the activity (E.g. 2009, homeless shelter service, one day, August or 2008, President, Pre-OT Club, Winter, Summer and Fall semesters)

### PRACTICE (paid work involving direct patient contact)

Activity and Year/Dates	Duration of Activity	Number of Times
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### LEADERSHIP (any leadership role in any capacity)

Activity and Year/Dates	Duration of Activity	Number of Times
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### EDUCATION (any teaching role in any kind of organization.)

Activity and Year/Dates	Duration of Activity	Number of Times
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### RESEARCH (any research role in any capacity)

Activity and Year/Dates	Duration of Activity	Number of Times
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### PROFESSIONAL SOCIALIZATION (any volunteer work in an area of help for those with health issues, the disabled or members of underserved populations not with an Occupational Therapist)

Activity and Year/Dates	Duration of Activity	Number of Times
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# Grand Valley State University College of Health Professions Occupational Therapy Program

## Admissions Form: Achievement Summary Criteria

**Guidelines:** Students are awarded points for achievement in the areas of Practice, Leadership, Education, Research and Professional Socialization. Scoring is done by the OT Admissions Committee. These Criteria are provided as a guide.

Categorical Criterion (Maximum point award per category is 4.00)*	Points
<b>A. <u>Practice</u> = any paid work <u>involving direct patient contact</u>, such as</b>	<b>Max 4.00 pts</b>
1) CNA/Nursing Assistant	0.25 pts
2) Rehab (OT/PT) technician or aide	0.50 pts
3) Activity leaders/exercise leaders	0.50 pts
4) Health care professional of any kind (BS or higher)	4.00 pts
<b>B. <u>Leadership</u> = any leadership role in any capacity , such as</b>	<b>Max 4.00 pts</b>
1) Leadership role in any youth/service organization, such as,	.25 pts
i. Boy/Girl Scout Leader	
ii. Camp Counselor	
iii. Church Group Leader	
2) Officer or Committee Chair in any formal extracurricular organization	.50 pts
3) Supervisor/manager in an employment capacity,	1.00 pts
<b>C. <u>Education</u> = any teaching role in any kind of organization, such as</b>	<b>Max 4.00 pts</b>
1) Sunday School Teaching	.25 pts
2) Classroom Instructional Aide	.25 pts
3) Tutor (group or individual)	.50 pts
4) Certified activity instructor for a service organization	1.00 pts
<b>D. <u>Research</u> = any kind of research activity, such as</b>	<b>Max 4.00 pts</b>
1) Research papers /study participant/subject	.25 pts
2) Research Assistant/input or collect data	.50 pts
3) Involvement in analyzing research data for another	.75 pts
4) Carried out independent research	1.00 pts
<b>E. <u>Professional Socialization</u> = any volunteer work for those with health issues, the disabled or members of underserved populations not with an Occupational Therapist</b>	<b>Max 4.00 pts</b>
1) Participation in volunteer one-time activity	.25 pts
2) Participation in ongoing volunteer activity	.50 pts
3) Member of planning committee for a major volunteer effort	1.00 pts

<b>Temporal Criterion</b> ( <i>Added to categorical criterion</i> )** <b>Time criteria are cumulative, that is, if an activity extends over one year, that extended time is added incrementally at value shown</b>	<b>Points</b>
<b>A. Completed in a single encounter, such as</b> 1) Shadow a therapist for an afternoon/a day 2) One-time activity for a community or church group, like a Walk-a-Thon, or attendance at a charity event	.25 pts
<b>B. Activity that extends three months or less</b> 1) Required ongoing participation for 1 - 3 months a) Summer activity b) Community/church project 2) Is completed in 3 months or less	.25 pts .25 pts
<b>C. Ongoing activity that extends 4 - 5 months (one semester)</b>	.50 pts
<b>D. Ongoing activity that extends over 2 semesters (6 - 9 months)</b> 1) Tutorial work (any level) 2) Holding office in any organization for 1 academic year 3) Leading any project over 1 academic year	.75 pts
<b>E. Ongoing activity that extends over a 10 - 12 month period</b> 1) Employment experiences 2) Organizational experiences (e.g. Scouting, social groups)	1.00 pts
<p><b>**E.g.</b> Sunday School Teaching (.25) over 3 years(3.0) = 3.25 pts</p> <p><b>*E.g.</b> Sunday School Teaching (.25) over 4 years (4.0)= 4.00 pts</p> <p><b>NOTE:</b> For employment <u>not</u> directly with consumers, credit will be given only <u>for the length of time</u> the candidate had <u>involvement in any of the four achievement categories</u> (research, education, leadership, professional socialization).</p>	
<p><b>Rev 10</b></p>	

## Grand Valley State University Occupational Therapy Program Prerequisite GPA Calculation

A student must receive a minimum average GPA of 3.0 or higher in the following or equivalent prerequisite courses, with no individual course grade lower than a "C". These courses must be taken within five years prior to admission to the program.

**Social Sciences:** Complete a minimum of 9 credits from the social sciences. 3 credits must include a course in life-span developmental psychology, including motor, cognitive, emotional learning and social development. 3 credits must include a course in abnormal psychology or psychopathology. For the additional 3 credits, a course from sociology, psychology, anthropology, public health or a related field may be selected.

**Natural Sciences:** Complete a minimum of 10 credits in the physical sciences, including one introductory course in human physiology, one course in human anatomy with a laboratory, one course in neuroscience (neuropsychology, physiological psychology or neuroanatomy) and one course in kinesiology (or a similar course covering movement science).

Statistics (STA 215 at GVSU) or equivalent is highly encouraged. Most majors require a statistics course.

### GPA CALCULATIONS

Pre-Req GPA	Pre-Req Pts	Pre-Req GPA	Pre-Req Pts
3.00 - 3.10	2	3.51 - 3.60	12
3.11 - 3.20	4	3.61 - 3.70	14
3.21 - 3.30	6	3.71 - 3.80	16
3.31 - 3.40	8	3.81 - 3.90	18
3.41 - 3.50	10	3.91 - 4.00	20

Prerequisite	Equivalent	Grade	Credit Hrs	Quality Pts	Location & Date Completed
BMS 202 <b>or</b> BMS 290 (Physiol) <b>and</b> BMS 208 (Hum Anat) <b>and</b> BMS 309 (Hum Anat Lab)					
<b>Take the sequence above or below for anat and physiol</b>					
BMS 250 <b>and</b> BMS 251 (Anat and Physiol w/labs)					
MOV 300 Kinesiology (prereq BMS 202)					
PSY 430 Physiological Psychology <b>or</b> PSY 431 Intro to Neuropsychology <b>or</b> BMS 427 Neuroanatomy					
PSY 303 Psychopathology (prereq PSY 101)					
PSY 364 Life Span Development Psychology (prereq PSY 101)					
<b>One Elective</b> from Psychology, Sociology, Anthropology, Public Health, or related field (200 level or higher)					

Quality Points \_\_\_\_\_ ÷ Credit Hours \_\_\_\_\_ = \_\_\_\_\_ (Pre Req GPA)  
Pre Req points (from table) = \_\_\_\_\_

GRAND VALLEY STATE UNIVERSITY  
SCHOOL OF HEALTH PROFESSIONS  
OCCUPATIONAL THERAPY PROGRAM

**DOCUMENTATION OF EXPERIENCE FORM**

<b>TO BE COMPLETED BY APPLICANT</b> <u>Please Print</u> SS# _____			
APPLICANT NAME _____		APPLICATION YEAR _____	
APPLICANT ADDRESS _____			
Street Address	City, State	Zip	
_____			
THERAPIST Name	Title	Facility	Phone
DATES SPENT AT FACILITY _____		TOTAL HOURS _____	
Starting	Ending		
TYPE OF FACILITY _____		AGE RANGE OF CLIENTS _____	

**Student's Waiver Certificate:**

You may voluntarily waive your right to have access to this form completed about you in accordance with the Federal Family Education Rights and Privacy Act of 1974 by signing this certificate.

**I waive, relinquish and disclaim all my rights to have access to the assessments provided in this form.**

\_\_\_\_\_  
Date                                  Social Security Number (required)                                  Signature

<b>TO BE COMPLETED BY OCCUPATIONAL THERAPIST:</b>					
Please summarize your assessment of this applicant by placing an "X" in the appropriate box.					
Characteristic	Very Strong	Strong	Average	Weak	Can't Say
Understanding of OT					
Interest in the field					
Listening Skills					
Desire to Initiate					
Responsiveness					
Dependability					
Interpersonal Skills					

\_\_\_\_\_  
Therapist Signature                                  Position/Title                                  State and Credential #                                  Date

**To the Therapist:** Please mail this form in the envelope provided. **SEAL** and **SIGN ACROSS THE SEAL** to ensure confidentiality. Return the signed, sealed envelope to applicant to submit with the remainder of his/her application. **Questions?** Call (616) 331-3356 and ask for the OT Program. Thanks for your help!