



GRAND VALLEY STATE UNIVERSITY OCCUPATIONAL SCIENCE & THERAPY PROGRAM DOCUMENTATION OF EXPERIENCE FORM

TO BE COMPLETED BY APPLICANT Please Print

APPLICANT NAME _____ APPLICATION YEAR _____

APPLICANT ADDRESS _____
Street Address City, State Zip

THERAPIST Name _____
Title Phone

FACILITY Name _____ TOTAL HOURS _____
Start Date End Date

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 (FERPA) 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

Signature (by typing your name here you are giving your permission)

TO BE COMPLETED BY OCCUPATIONAL THERAPIST:

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

Email Address of Therapist _____

To the Therapist: Upon completion, please email or scan this form to admissions@gvsu.edu or fax to 616-331-2000

Questions? Call (616) 331-5700 and ask for the OST Program. Thank you for your assistance.