

**Eastern Kentucky University
Department of Occupational Therapy**

PROFESSIONAL BEHAVIOR EVALUATION

Student _____ Semester _____

Directions: The purpose of this evaluation is to provide feedback to the student regarding his/her professional development towards becoming an Occupational Therapist. The following rating scale will be used by faculty to evaluate performance each semester.

Satisfactory: The student demonstrates the required level of professional skill.
Unsatisfactory: The student does not demonstrate the required level of professional skill.

An unsatisfactory rating in any category requires the student to develop a remediation plan.

PROFESSIONAL BEHAVIOR		RATING	COMMENTS
1.	Respects faculty and classmates by arriving punctually to class and other academic events	S / U	
2.	Promptly notifies faculty and concerned parties if circumstances prevent attendance and assumes initiative to make up missed assignments	S / U	
3.	Recognizes and productively utilizes knowledge of own strengths and weaknesses	S / U	
4.	Demonstrates the ability to problem solve by logically evaluating evidence	S / U	
5.	Demonstrates the ability to be flexible with unexpected situations	S / U	
6.	Asks appropriate questions when in doubt	S / U	
7.	Communicates professionally and effectively in scholarly writing	S / U	
8.	Communicates professionally and effectively in clinical writing	S / U	
9.	Demonstrates confidence and self assurance	S / U	
10.	Demonstrates the ability to work collaboratively with faculty, clinical supervisor, other health professionals as well as peers	S / U	

PROFESSIONAL BEHAVIOR		RATING	COMMENTS
11.	Acts according to profession's values, principles and beliefs	S / U	
12.	Deals maturely with personal emotions	S / U	
13.	Assumes responsibility for own actions	S / U	
14.	Demonstrates the ability to modify behavior in response to feedback	S / U	
15.	Demonstrates the ability to give constructive feedback	S / U	
16.	Communicates effectively with peers both verbal and nonverbal	S / U	
17.	Communicates effectively with professionals both verbal and nonverbal	S / U	
18.	Projects professional image	S / U	
19.	Demonstrates an overall ability to be a cooperative and contributing member of the class and profession.	S / U	

Comments:

Student Comments on Evaluation:

Faculty Signature / Date

Student Signature / Date

Approved: 4/6/2010

**Professional Behavior Evaluation
Remediation Plan**

Student Name: _____

Professional Behavior needing remediation:

Remediation and action plan developed by student:

Clear statement of outcome to be accomplished:

Date by which action plan / outcome will be accomplished:

How, when and who will evaluate attainment of Professional Behavior.

Date Negotiated	Date Completed
Student Signature	Student Signature
Instructor Signature	Instructor Signature
Advisor Signature	Advisor Signature

Approved: 4/6/2010