

**University of Florida  
Department of Occupational Therapy**

**PROFESSIONAL BEHAVIOR ASSESSMENT**

Student \_\_\_\_\_ Semester \_\_\_\_\_

Directions: The purpose of this assessment 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 assess 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.	Demonstrates respectful in-class behavior (e.g., storing electronic devices, staying seated until breaks, participating in group activities).	S / U	
3.	Promptly notifies faculty and concerned parties if circumstances prevent attendance and assumes initiative to make up missed assignments	S / U	
4.	Recognizes and productively utilizes knowledge of own strengths and weaknesses	S / U	
5.	Demonstrates the ability to problem solve by logically evaluating evidence	S / U	
6.	Demonstrates the ability to be flexible with unexpected situations	S / U	
7.	Asks appropriate questions when in doubt	S / U	
8.	Communicates professionally and effectively in scholarly writing	S / U	
9.	Communicates professionally and effectively in clinical writing	S / U	
10.	Demonstrates confidence and self assurance	S / U	

<b>PROFESSIONAL BEHAVIOR</b>		<b>RATING</b>	<b>COMMENTS</b>
<b>11.</b>	Demonstrates the ability to work collaboratively with faculty, clinical supervisor, other health professionals as well as peers	S / U	
<b>12.</b>	Acts according to profession's values, principles and beliefs	S / U	
<b>13.</b>	Deals maturely with personal emotions	S / U	
<b>14.</b>	Assumes responsibility for own actions	S / U	
<b>15.</b>	Demonstrates the ability to modify behavior in response to feedback	S / U	
<b>16.</b>	Demonstrates the ability to give constructive feedback	S / U	
<b>17.</b>	Communicates effectively with peers both verbal and nonverbal	S / U	
<b>18.</b>	Communicates effectively with professionals both verbal and nonverbal	S / U	
<b>19.</b>	Projects professional image	S / U	
<b>20.</b>	Demonstrates an overall ability to be a cooperative and contributing member of the class and profession.	S / U	

Comments:

Student Comments on Assessment:

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Faculty Signature / Date

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Student Signature / Date

**Professional Behavior Assessment  
Improvement Plan**

Student Name: \_\_\_\_\_

Professional Behavior needing improvement:

Improvement 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