

Competency Assessment Form

This assessment form is used by supervisors of applicants to the Alberta College of Occupational Therapists (the College). The applicants are occupational therapists who:

- do not have sufficient currency hours to apply to the College's General Register.
- want to re-enter practice; and are
- Currently registered on the College's Provisional Register.

Supervisors are occupational therapists acting on behalf of the College to assess an applicant's readiness to practice. The supervised practice period is typically for between 150-450 hours (between four to twelve weeks full-time) or equivalent. At the conclusion of the supervised practice period, the supervisor submits an evaluation of the occupational therapist's competence to enter independent practice. This competency assessment form is provided for this purpose.

This competency-based assessment is derived directly from the *Competencies for Occupational Therapists in Canada* published by the Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO), the Association of Canadian Occupational Therapy University Programs (ACOTUP) and the Canadian Association of Occupational Therapists (CAOT).

evaluation information		
applicant	ro	egistration number
telephone	ϵ	email
placement worksite		
address		
city	province	postal code
supervisor	re	egistration number
telephone	6	email
start date of evaluation		end date of evaluation

When assessing competencies, the supervisor should choose the descriptor that best matches the applicant's level of aptitude towards each statement. If explanation of assessment is required, provide detail in the comments section.

descriptor description of assessment criteria

descriptor	description of assessment criteria
Satisfactory	Good comprehension or performance. The applicant demonstrates a reasonable aptitude that is adequate to practice in this assessed competency.
Unsatisfactor y	Comprehension or performance does not meet the minimum criteria. Knowledge and application of principles and facts is fragmentary. The applicant demonstrates an absence of aptitude for this competency requirement.
n/a	Not applicable unable to assess this competency requirement (please provide explanation).

A. Occupational Therapy Expertise						
	Satisfactory	Unsatisfactory	N/A	Comments		
Establishes trusted professional relationships with clients.						
Uses occupational analysis throughout practice.						
Determines clients' needs and goals for OT services.						
Assesses occupational participation.						
Develops plans with clients to facilitate occupational participation.						
Implements the occupational therapy plan.						
Manages the assignment of services to assistants and others.						

B. Communication and Collaboration						
	Satisfactory	Unsatisfactory	N/A	Comments		
Communicates in a respectful and effective manner.						
Maintains professional documentation.						
Collaborates with clients, other professionals, and stakeholders						

C. Culture, Equity and Justice						
	Satisfactory	Unsatisfactory	N/A	Comments		
Promotes equity in practice.						
Promotes anti- oppressive behaviour and culturally safer, inclusive relationships.						
Contributes to equitable access to occupational participation and occupational therapy.						

	Satisfactory	Unsatisfactory	N/A	Comments
Engages in ongoing learning and professional development.				
Improves practice through self- assessment and reflection.				
Monitors developments in practice.				

E. Professional Responsibility						
	Satisfactory	Unsatisfactory	N/A	Comments		
Meets legislative and regulatory requirements (Standards of Practice, Code of Ethics, applicable laws, etc.)						
Demonstrates a commitment to minimizing risk.						

F. Engagement with the Profession					
	Satisfactory	Unsatisfactory	N/A	Comments	
Contributes to the learning of OTs and others.					

Shows leadership in the workplace.		
Contributes to the		
development of OT.		
development of O1.		
Shows leadership in the		
profession throughout		
'		
career.		

applicant's ov	erall performan	ice rating		
applicant				
	satisfactory			unsatisfactory
general comments if required, additional pages may be attach			ched	
	I recommend t	this applicant to the G	eneral Register of the	e College.
	I do not recom College.	mend this applicant to	o the General Registe	er of the
supervisor	Conogo.			
date				
dato				
- O ::				
For College u				
Registrar revi	iew and approva	al		
		date		

The completed assessment form must be submitted to the College by the supervising occupational therapist at the end of the supervised practice. This form can be completed and saved electronically.

Email form to:

registration@acot.ca or fax to:

780.434.0658

or mail to:

Alberta College of Occupational Therapists, 312, 8925 – 51 Avenue, Edmonton, AB T6E 5J3