

Occupational Therapy Assistant Program Spring/Summer 2008 Advising Planning Sheet

Name: _____
 Advisor: _____

Banner ID Number: _____
 Number of Hours I Work Each Week: _____

I have listed below the courses I am taking now with the grades I think I will receive at the end of the semester:

Course	Grade	Course	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have determined whether I am eligible to take occupational therapy assistant courses next semester by responding to the following statements:

Yes **Not Yet**

I meet the minimum cumulative 2.7 GPA requirement for all non-occupational therapy assistant required (UCC) courses.

Course	Date Completed	Grade	Course	Date Completed	Grade
ENG 101	_____	_____	SOC 121	_____	_____
ENG 201	_____	_____	BIOL 121	_____	_____
CMST 101	_____	_____	BIOL 122	_____	_____
PED	_____	_____	HP 115	_____	_____
PSY 201	_____	_____	OT 151	_____	_____
PHIL 201	_____	_____			

 I meet the minimum C grade (or Pass rating) requirement for each occupational therapy assistant course.

 I meet the minimum 2.7 GPA grade requirement (C+) for each term of occupational therapy assistant courses.

I plan to take the following courses next semester:

Online #	Discipline	Course	Section	Credits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL CREDIT HOURS				_____

I have the following courses as back-up:

Online #	Discipline	Course	Section	Credits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL CREDIT HOURS				_____

In the future, I plan to take the following courses:

Online #	Discipline	Course	Section	Credits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL CREDIT HOURS				_____

I have the following courses as back-up:

Online #	Discipline	Course	Section	Credits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL CREDIT HOURS				_____

I have demonstrated my understanding of the Occupational Therapy Assistant Program's requirements by initializing next to the following statements:

- _____ I understand that a felony conviction (this includes documentation of driving under the influence—DUI) may affect my eligibility for (a) for taking the national certification examination and (b) state credentialing such as licensure. Furthermore, I affirm that if I am convicted of a felony (in the past, present, or future) or if I have an old or new DUI on my record, I will contact my advisor immediately.
- _____ I realize that I am responsible for my own progression through the Occupational Therapy Assistant Program, that I must maintain my eligibility (in good academic standing and not on professional probation) to enroll in courses for the next semester. Good academic standing is defined as fulfilling the requirement of a graduate curriculum: a grade lower than a C in an occupational therapy assistant course is not acceptable.
- _____ I understand if I am placed on professional probation at the end of a semester or summer session and struggle in another school term, I may, at the option of the faculty, be granted a second consecutive semester of probation or a third nonconsecutive semester of probation. I realize I will not be permitted more than two consecutive or three nonconsecutive semesters of academic probation. If I decide to enter the Occupational Therapy Assistant Program under probation (for a 2.49 or less grade in UCC classes required in the Occupational Therapy Assistant Program), I have used one of my probationary times.
- _____ I realize that I will need to retake any non-OTA required course in which I earn below a C letter grade.
- _____ I understand that my advisor may recommend that I decrease my work hours if I am not developing professionally.
- _____ I realize that part-time enrollment is available and that my advisor may recommend that format as more beneficial for me.
- _____ I realize that obtaining a college degree is expensive, but I am willing to find financing for my education, and if needed, take out one or more loans.
- _____ I know that costs such as clinical experiences located at a distance from Evansville and a required computer system have been added into the financial assistance budget of occupational therapy assistant majors to allow me to borrow additional funds.
- _____ I understand that a becoming an occupational therapy assistant can be a transforming experience, and that I may be required to work on my professional and interpersonal skills.
- _____ I agree to select clinical experiences that will enhance my growth as a future occupational therapy assistant.
- _____ I realize I may need to leave the Evansville area for one or more of my clinical experiences.
- _____ I understand I am required to receive a passing score (80%) on the OSHA and HIPAA certification exam found in the occupational therapy assistant Blackboard classes yearly.

I realize this is an advising session. I will take responsibility to register the next school term(s), in the following ways by initializing next to each statement:

- _____ I will register for the agreed upon classes, using the following method, on the assigned day that I am eligible (the assigned day is in the right column).
- _____ I will use the web registration method to register myself into the agreed upon classes, thereby demonstrating the required competence in using MyUSI.
- _____ I will use the walk-through registration though courses may close between my earlier MyUSI time and walk-through registration time. I will have a Course Request Form completed, ready for my advisor's signature. I will demonstrate my competence in MyUSI later.
- _____ I will make sure I have no holds that will prevent me from registering for my classes.
- _____ If my final grades are lower than what I wrote at the top of the first page, I will make an appointment with my advisor to redesign my schedule for the terms covered by this advising session planning form.

Student's Signature: _____

Date: _____

Advisor's Signature: _____

Date: _____