



COTA (CERTIFIED OCCUPATIONAL THERAPY ASSISTANT)/ OT (OCCUPATIONAL THERAPIST) SKILLS EVALUATION - SELF ASSESSMENT

Date _____

Name _____

Signature _____

Level of Proficiency

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person to be nearby.
- D = Expert. You have a performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

Please select the column that most accurately describes your proficiency level:

COTA	A	B	C	D		A	B	C	D
Work Settings					Orthopedics/ Occupation Therapy				
Acute care					Above and below knee prosthetics				
Home health					Static splints				
Acute rehabilitation hospital					Hip fractures				
Long term care facility					Total hip/ knee				
School					Total joint replacement				
Industrial setting					Hand injuries				
Outpatient clinic					Dynamic splints				
Other (list):					Myofascial release therapy				
					Orthoplast				
Neurological					Serial/ inhibitory casting				
Spinal cord injury					Pre-discharge planning				
Functional splinting					Work capacity evaluation				
Adaptive equipment					Functional capacity function				
Wheelchair evaluation					Wheelchair (seating and ordering)				
Head trauma					Functional activities				
CVA rehabilitation					ADL's (activities of daily living)				
Peripheral nerve injuries					Home environment				
Cognitive retraining					Gait analysis				
Parkinson's disease					Other (list):				
Other (list):									
					Pediatrics				
Orthopedics/ Occupational Therapy					Autism				
Arthritis					Cerebral palsy				
Energy conservation					Down's syndrome				
Joint protection					Spina bifida				
Orthotics					Visual perception testing				
Upper extremity prosthetics					Developmental screening				



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	A	B	C	D		A	B	C	D
Pediatrics						Age Specific			
Learning disabilities						Neo-natal			
Early intervention						Pediatrics			
Neurodevelopmental testing						Adolescents			
Other (list):						Adults			
						Geriatrics			
Modalities									
TENS unit									
Biofeedback									
Fluidotherapy									
Paraffin bath									
Edema massage									
Feeding techniques									
Therapeutic pool									
Chest physiotherapy									
Burn management									
Group treatment									
Muscle stimulation									
Oral motor facilities									
Energy conservation									
Range of motion									
Intermittent compression pump									
Parallel bars									
Hot/ Cold packs									
Feldenkrais body awareness techniques									
CPM (continuous passive motion) device									
Weights									

Reviewed by: _____ **Date:** _____