NEW YORK INSTITUTE OF TECHNOLOGY

STUDENT ADVISEMENT FORM

Occupational Therapy

GENERAL ADVISEMENT INFORMATION				
Student Name:				
Date & Semester:				
Faculty Advisor:				
Reason for Advisement:				

FACULTY ACADEMIC ASSESSMENT				
Current Cumulative GPA:				
Last Term GPA:				
Current Academic Standing:				
STAR Report Reviewed:				
Academic Concerns:				

	1: Strongly agree 2: Agree 3: Neutral 4: Disagree 5: Strongly	y Disagree
•	I understand the expectations of the OT Program.	
•	I am able to manage class load, complete assignments and maintain program requirements and expectations.	
•	I am able to manage my stress level well.	
•	My time management and study skills are sufficient to meet the program demands.	
•	I feel that my overall knowledge and clinical skills are sufficient to meet the requirements of the occupational therapy program	
St	udent comments/concerns:	

ACADEMIC PLAN/RECOMMENDATIONS (as needed)

FACULTY REVIEW OF STUDENT PROFESSIONAL DEVELOPMENT					
Student Self-Appraisal of Professional Development Form Reviewed					
In-Class Professional Behavior Form Reviewed if Applicable					
Faculty concerns about student professional development:					
Student concerns about student professional development:					

PROFESSIONAL DEVELOPMENT PLAN/RECOMMENDATIONS (as needed)

FACULTY REVIEW OF PROFESSIONAL ENHANCEMENT PROGRAM PROGRESS		
Student is aware of PEP Requirement for graduation including student responsibility for uploading proof	YES/NO	
Reported PEPs to Date	YES/NO	

*Student is aware that they have a right to a copy of the signed advisement form at any time

Faculty Signature: _____ Date: _____

Student Signature:	 Date:	
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