To be filled out by applicant

Applicant’s Name ____________________________

Facility____________________________________
    name    city    state    zip

TO BE FILLED OUT BY LICENSED OCCUPATIONAL THERAPIST

TYPE OF SETTING  (PLEASE CHECK ONE)

___In-patient    ___Out-patient    ___Home Health    ___School    ___Long Term Care    Other:____________________

DATES for this experience ____________________________    TOTAL # hours __________

SUMMARY OF DIAGNOSIS AND TREATMENT OBSERVED__________________________
____________________________________

COMMENTS  (Regarding Student’s interest & motivation)

____________________________________

____________________________________

____________________________________

CONCERNS __________________________________________________________________

I certify that the above applicant has observed a licensed occupational therapist at this facility

PRINTED Name of Licensed Occupational Therapist ____________________________

EMAIL Address __________________________________________________________________

SIGNATURE of Licensed Occupational Therapist ____________________________

State License # or state certification #    DATE ____________________________

This form is to be completed by a registered occupational Therapist, and returned to student for submission with application.
OCCUPATIONAL THERAPY CLINICAL OBSERVATIONS

GUIDELINES: Applicants are required to documented clinical observation in Occupational Therapy in a minimum of two different OT Settings (see below for setting descriptions). This observation form may be duplicated and used for documenting different observations.

1. **The observation must be with a registered or licensed occupational therapist that is providing treatment.** Time spent with occupational therapy assistants or other rehabilitation personnel will NOT be eligible as observation hours. **ONLY OT OBSERVATIONS VERIFIED IN WRITING BY A REGISTERED LICENSED OCCUPATIONAL THERAPIST WILL BE ACCEPTED**

2. **Observations must take place in a minimum of 2 OT practice settings (examples below).** Note, a sustained observation experience is considered beneficial to the applicant's preparation for entering the profession of occupational therapy.

3. Observations done during applicant’s employment (such as working in a clinic) are NOT acceptable.

**EXAMPLES OF SETTINGS IN WHICH TO OBSERVE OCCUPATIONAL THERAPY**

(Minimum of 2 settings required)

**Physical dysfunction treatment setting**
Treatment in a hospital, rehabilitation agency, home health, work evaluation center. Common diagnoses seen would be strokes, head injuries, spinal cord injuries, orthopedic conditions, cardiac conditions.

**Mental health treatment setting**
Treatment in a mental health unit, a psychiatric hospital, a community treatment program. Common diagnoses seen would be schizophrenia, adjustment disorder, depression, dementia.

**Pediatric treatment setting**

**INSTRUCTIONS FOR COMPLETING OT OBSERVATION FORMS**

- Forms required for documentation of all OT observations. **Minimum required observation hours will be determined and posted Summer 2016.**

- Use a different form for each facility, therapist and/or observation site.

- This form is to be completed by OTR, sand returned to student for submission with application.