

**FORM REQUIRED**

**DUPLICATE FORM AS NEEDED**

**University of Missouri ~ School of Health Professions  
Department of Occupational Therapy**

**OCCUPATIONAL THERAPY OBSERVATIONS**

**REVIEW Guidelines on page 2**

*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**

University of Missouri - School of Health Professions  
DEPARTMENT OF OCCUPATIONAL THERAPY

## OCCUPATIONAL THERAPY CLINICAL OBSERVATIONS

**GUIDELINES:** Applicants are required to documented clinical observation in Occupational Therapy in a minimum of three different OT Settings (see below for setting descriptions). This observation form may be duplicated and used for documenting different observations. *Alternate documentation must include therapist name, state/license or certification #, signature, number of hours, and description of setting and population.*

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 3 OT practice settings reflective of various stages of the lifespan.** 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.
4. Use a different form/attain separate documentation for each facility, therapist and/or observation site.
5. A minimum of **40 hours** of documented observation is required.

### EXAMPLES OF SETTINGS IN WHICH TO OBSERVE OCCUPATIONAL THERAPY (Minimum of 3 practice settings required, various stages of lifespan, 40 hours total)

**Inpatient setting (birth through older adult):** hospital, rehabilitation center, mental health center, skilled nursing facility, long-term care facility

**Outpatient setting (birth through older adult):** outpatient rehabilitation/therapy center, work program, hand therapy center, community mental health treatment

**School setting (pre-kindergarten through 12th grade)**

**Home health (birth through older adult)**