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

**OCCUPATIONAL THERAPY OBSERVATIONS**

**REVIEW Guidelines on page 2**

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**To be filled out by applicant**

Applicant’s Name ____________________________

Facility ____________________________________  

<table>
<thead>
<tr>
<th>name</th>
<th>city</th>
<th>state</th>
<th>zip</th>
</tr>
</thead>
</table>

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**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 ________________________________  

<table>
<thead>
<tr>
<th>State License #</th>
<th>or state certification #</th>
<th>DATE</th>
</tr>
</thead>
</table>
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)**