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

OCCUPATIONAL THERAPY OBSERVATIONS
Twenty (20) hours observation of Occupational Therapy by licensed Occupational Therapist

REVIEW Guidelines on page 2

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To be filled out by applicant

Applicant’s Name __________________________________________________________

Facility _________________________________________________________________

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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

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

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

PRINTED Name of Licensed Occupational Therapist _________________________________

EMAIL ____________________________________________________________________________

__________________________________________       _______________________ ____________________

SIGNATURE of Licensed Occupational Therapist                             State License #

or state certification #                             DATE

May we contact you with questions about this applicant? (please circle)   YES    NO

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This form is to be completed by OT/L, with OT/L signature
and returned to student for submission with application.
OCCUPATIONAL THERAPY CLINICAL OBSERVATIONS

GUIDELINES: Applicants are required to have a minimum of twenty (20) hours of documented clinical observation in Occupational Therapy in a minimum of two (2) different OT Settings (see below for setting descriptions). This observation form may be duplicated and used for documenting different observations.

1. **The required 20 hours must be with a licensed occupational therapist that is providing treatment.** Time spent with other rehabilitation personnel will NOT meet the required 20 hours criteria. ONLY OT OBSERVATIONS VERIFIED IN WRITING BY A 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.

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

(Minimum of 2 settings required)

- **Hospital setting**
  Examples: treatment in a hospital, rehabilitation hospital, inpatient cancer center, etc.

- **Outpatient or community setting**
  Examples: treatment in an outpatient treatment center, home health, work evaluation center, etc.

- **Mental health treatment setting**
  Examples: treatment in a mental health unit, a psychiatric hospital, a community treatment program, etc.

- **Pediatric treatment setting**
  Examples: school-based practice, children's hospital, children's out-patient agency, home-based therapy, etc.

**INSTRUCTIONS FOR COMPLETING OT OBSERVATION FORMS**

- Provided forms required to record the required minimum 20 hours of observation. More observation hours are encouraged if possible.

- Use a different form for each facility or observation site.

- OT Observation Forms – Completion and Submission Instructions:
  1. Student completes student information at top of form.
  2. Licensed Occupational Therapist being observed completes the rest of the form and signs including licensure number. Please make sure each piece of each form is completed to avoid a declined application.
  3. Completed form to be returned to student.
  4. Student to include observation forms with submission of all other application materials to OTCAS.
  5. Student should retain a copy of the form uploaded in to OTCAS for their own records.