



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

**OCCUPATIONAL THERAPY CLINICAL OBSERVATIONS**

**GUIDELINES:** Applicants are required to have a minimum of **twenty (20) total hours** of documented clinical observation in Occupational Therapy in a minimum of **two (2)** different practice settings (see below for examples). 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 PRACTICE SETTINGS**  
(Minimum of 2 settings required)

**Examples:**

- Hospital
- Outpatient
- Home health
- Mental health
- Community-based setting
- School

**INSTRUCTIONS FOR COMPLETING OT OBSERVATION FORMS**

- **Provide the required forms to record the required minimum 20 hours of observation. More observation hours are encouraged if possible.**
- **Use a different form for each observation experience.**
- **OT Observation Forms – Completion and Submission Instructions:**
  1. **Student completes the form.**
  2. **Licensed Occupational Therapist signs and provides license 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.**



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OCCUPATIONAL THERAPY OBSERVATION FORM

REVIEW Guidelines on page 1

To be filled out by applicant

Applicant's Name: \_\_\_\_\_

Facility: \_\_\_\_\_
name city state zip

Name and description of setting: \_\_\_\_\_

Dates for this experience: \_\_\_\_\_ Total hours: \_\_\_\_\_

Summary of observations (populations, treatments, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 # Date

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