OBSERVATION/VOLUNTEER WORK SHEET

OCCUPATIONAL THERAPY ASSISTANT

Applicant instructions: This form must be completed by the occupational therapist or occupational therapy assistant that you observed. A minimum of 40 hours of OT observation must be performed in two different occupational therapy settings. For each setting you MUST obtain a minimum of 20 hours of observation, and complete a form for each setting.

Applicant’s Name ___________________________ Student ID # ___________________________

This applicant has completed ____________ hours of observation and/or volunteer work at

Name of Facility ___________________________ Phone Number ___________________________

In __________________________________________

City ___________________________ State ___________________________

Setting (Indicate the type of setting):

_____ Acute Care Hospital  _____ Skilled Nursing/Subacute/LTAC

_____ Acute Rehabilitation Hospital  _____ Home Health (Adult/Pediatric)

_____ Adult Out-Patient Clinic  _____ Pediatric Out-Patient Clinic

_____ School System  _____ Mental Health Program

OTR/COTA Name and Credentials (Please print) ___________________________ License # ___________________________

I verify that the above stated hours have been completed by the student identified above.

Signature of OT Practitioner ___________________________ Date ___________________________

Signature of Student ___________________________ Date ___________________________