

## 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 o	bservation and/or volunteer work at
Name of Facility	Phone Number
InCity	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	d by the student identified above.
Signature of OT Practitioner	Date
Signature of Student	Date