



## **PURPOSE**

The Department of Occupational Therapy requires all applicants to participate in a minimum of 2 observational experiences. The purpose of these experiences is to expose the applicant to the discipline of occupational therapy. It is intended that these observations will enhance the applicant's understanding of the field of occupational therapy, the roles that therapists play within the realm of today's healthcare system and the variety of patient populations that occupational therapists serve. The requirements for this experience are as follows:

- 10 hours minimum, to be divided between 2 settings.
- Settings should each serve different client populations and age groups.
- Settings may include: acute care hospital, out-patient clinic, public/private school, pediatric clinic, skilled nursing facility, psychiatric hospital or day treatment program, assisted living facility, home care agency, private practice, or any other setting where a licensed occupational therapist provides occupational therapy services.

### **The experience should offer the student the opportunity to:**

- Observe verbal and nonverbal communications between clients and the occupational therapy practitioners.
- Observe occupational therapists' interventions with clients.
- Demonstrate responsible personal behavior, e.g. reporting on time for scheduled dates, appropriate dress to the setting.
- Demonstrate respect and honesty toward others.
- Respect confidentiality issues.
- Observe team interactions related to client care.

### **APPLICANT INSTRUCTIONS**

Write your name below and give this form to the OTR who supervised your observation, volunteer or work experiences.

**UPLOAD:** Submit through your application in the Occupational Therapist Centralized Application Service

Applicant Name (print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **SUPERVISOR INSTRUCTIONS**

Please complete the following:

#### **ORGANIZATION INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**SETTING TYPE**  Acute  Inpatient  Outpatient  Community  Other

**POPULATION**  Pediatric  Adult  Geriatric

**NUMBER OF STUDENT OBSERVATION HOURS** \_\_\_\_\_

OTR Name and Credentials (print): \_\_\_\_\_

OTR Signature: \_\_\_\_\_ Date: \_\_\_\_\_