## Occupational Therapy Clinical Observation Form

Name or Applicant:	
Hours of observation are required in an Occupational Therapy setting for admission.	
All observation hours completed are required to be within one year of application to the pr	ogram.
A minimum of 2 Occupational Therapy settings is required that includes observation of die	ntsfrom
different age groups in pediatrics, adult, or geriatric populations.	
One verification form for each observation experience should be submitted and each must	be signed
by a licensed Occupational Therapist.	_
Completion of this form does not satisfy the admission requirement for references.	
Applicant Summary:	
Briefly describe your experience at this clinical facility:	
and ity describe your experience at this diffical radiity.	
Obsided Otto Informations	
Ginical Ste Information:	
Ste Name:	
Addroom	
Address:	<del></del>
Type of Setting:	·
Number of Hours for Observation:	
Supervisor Information:	
OT Name:	
OT License #:	
OT LICE 135 #.	
Based on your observation, indicate your recommendations regarding this applicant:	
Highly recommend Recommend without reservations	
Recommend with reservations Do not recommend	
Comments:	
OT Sgnature: Date:	

Mail to: Alvernia University, School of Graduate and Adult Education, 540 Upland Avenue, Reading, PA 19611