REQUIRED OBSERVATION FORM

The Department of Occupational Therapy (OT) will require applicants for the entry-level graduate program to provide evidence of occupational therapy observation hours. The applicant provides this form as evidence of the following. More than one form may be used to document one or more settings.

- Twelve (12) observation hours with an occupational therapist or occupational therapy assistant. At least three (3) different types of OT settings must be represented (i.e. skilled nursing facility, rehab hospital, school system, acute care, mental health).

- Observation Form completed and signed by the occupational therapist or occupational therapy assistant at each site

Note: This form is to be submitted to the attention of the OT Admissions Committee, 1140 W. Michigan Street, Coleman Hall 120, Indianapolis, IN 46202. OTR/COTA, please complete at time of observation. The OTR/COTA may also fax the form to 317-274-4723. Application Deadline: October 1st.

Observation of Occupational Therapy Practice

___________________________________________ has completed a total of ______________ observation hours.

Name of Applicant

___________________________________________   ______________   ______________________
Name of Facility                                                                                       Type of Facility

OT practice setting type(s), check all that apply:

☐ Inpatient – Pediatrics (0-21) ☐ Inpatient – Adults
☐ Outpatient – Pediatrics (0-21) ☐ Outpatient - Adults
☐ School System ☐ Mental Health
☐ Rehabilitation Hospital ☐ Early Intervention (0-3)
☐ Other: _____________________

__________________________________________   ______________   _______________________
Printed Name of Occupational Therapist (OTR)                     Date                        Signature of OTR or COTA
or Occupational Therapy Assistant (COTA)

Comments:

Address of Facility:

______________________________________________________________
City                                                                 State                                                                 Zip

Telephone of OTR/COTA                                                                 Extension       E-Mail