**Occupational Therapy Observation Hours Summary Form**

**Master of Occupational Therapy Program**

**Applicant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year Applying For**: \_\_\_\_\_\_\_\_\_\_\_\_

**Minimum of 20 hours with an occupational therapy practitioner (OT or COTA), 40 hours preferred;**

**In at least two different practice settings.**

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| --- | --- | --- | --- | --- | --- |
| Facility/Site Name | Description of Population/Setting | Dates:From – To | Supervisor Name & Credentials | Supervisor Contact Information (phone or email) | Total # of Hours at Site |
|  |  |  | Print Name:Signature: |  |  |
|  |  |  | Print Name:Signature: |  |  |
|  |  |  | Print Name:Signature: |  |  |
|  |  |  | Print Name:Signature: |  |  |
|  |  |  | Print Name:Signature: |  |  |