WESTERN NEW ENGLAND UNIVERSITY | WNE

Doctor of Occupational Therapy
Practice Site Observation Report

(To be completed by the applicant.)

Applicant's Name | Date(s) of Observation | Approximate Hours Completed

Facility Name

Facility Address | City | State | Zip Code

Occupational Therapist's Name

Occupational Therapist's Position Title

Please describe the practice setting, the type of patients/clients that you observed, and provide a description of what you observed:

Applicant's Signature:_____ Date: _____

WESTERN NEW ENGLAND UNIVERSITY | WNE

Doctor of Occupational Therapy
OTR Verification of Observation Report

(To be completed by the Site Therapist.)

_____

Observer's Name | Date(s) of Observation | Approximate Hours Completed

_____

Facility Name

_____

Facility Address | City | State | Zip Code

_____

Occupational Therapist's Name

_____

Occupational Therapist's Position Title

Please evaluate the observer on the following criteria:

1.	Physical Appearance	4 Very appropriate	3 Appropriate	2 Inappropriate	1 Very Inappropriate
2.	Professional Behavior	4 Very appropriate	3 Appropriate	2 Inappropriate	1 Very Inappropriate
3.	Timeliness	4 Very appropriate	3 Appropriate	2 Inappropriate	1 Very Inappropriate
4.	Communication	4 Very appropriate	3 Appropriate	2 Inappropriate	1 Very Inappropriate
5.	Interaction with Patients/Clients	4 Very appropriate	3 Appropriate	2 Inappropriate	1 Very Inappropriate
6.	Interaction with other Professionals	4 Very appropriate	3 Appropriate	2 Inappropriate	1 Very Inappropriate

Comments:

_____

Occupational Therapist's Signature | Print Name | Date