

WESTERN NEW ENGLAND UNIVERSITY

DOCTOR OF OCCUPATIONAL THERAPY

Practice Site Observation Report

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 document one memorable observation of a therapy session between an occupational therapist and a patient/client. Describe what you observed happening, focusing on the strategies/techniques used, how the patient and OTR interacted, and the outcome of the session. Was there anything about the therapy session(s) you found surprising?

Applicant's Signature: _____ Date: _____

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OTR Verification of Observation Report

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

To assist the OTD Program in selecting graduate applicants who are impressive to external evaluators, please rank the individual who has observed you on her/his physical appearance, interest and curiosity about your site, effective communication skills and the presence of an engaging style of interaction with patients/clients and other professionals:

5	4	3	2	1
Exceptional Overall	Very Appropriate with No Exceptions	Appropriate with a Few Exceptions	Less Than Appropriate in a Number of Areas	Very Inappropriate Overall

Comments:

Occupational Therapist's Signature

Date