

IDAHO STATE UNIVERSITY COLLEGE OF TECHNOLOGY



Occupational Therapy Assistant AAS
OBSERVATION FORM

To ensure that all applicants understand Occupational Therapy as a career, our program requires observation from **a minimum of two different practice settings and/or practice areas**. We hope that the applicant has an opportunity to see a wide variety of populations. Please fill out one form per observation site. There are two options:

1. Forty (40) hours of observation under the supervision of an occupational therapist or occupational therapy assistant.
2. Twenty (20) hours of observation **and** take Intro to Occupational Therapy PTOT 2209.

Examples of settings could be places such as hospitals, rehab units, nursing homes, outpatient clinics, and schools. Practice areas could be adults, pediatrics, mental health, ergonomics, hand therapy, low vision, and case management.

Applicant Name: _____

Occupational Therapy Practitioner that supervised observation and phone number:

Name and type of facility: _____

Type of conditions observed: (orthopedic, neurological, acute, geriatric, pediatric, etc.)

Dates and total hours of observation: _____

OTR or OTA signature: _____ Date _____