

***OBSERVATIONS COVER SHEET**

***Please complete entirely and submit to otd@uark.edu with supporting documentation.*

Site Name/Location	OT Observed (Name/Email)	Setting & Population	# of Hours

Please describe at least two observations from above. Be sure to include the setting, population and what surprised you about the experience.

1)

2)

**Applicants must observe at least two populations for a minimum of 16 hours total. Populations should include adults and children.*

***Supporting documentation includes the attached UA/UAMS OTD Observation Verification form or any similar, site-specific form used for verification purposes.*

FORM MUST BE TYPED

UA/UAMS OTD Observation Verification Form
(Supporting Documentation)

*Please submit a verification form for **each** observation.*

STUDENT APPLICANT NAME, EMAIL, PHONE NUMBER, SCHOOL	
OT or OTA PROFESSIONAL NAME, EMAIL, PHONE NUMBER, LICENSE #	
FACILITY NAME	
FACILITY ADDRESS	
PRIMARY POPULATION SERVED	

Experience Details:

DATE	TIME IN/OUT	TOTAL TIME	SETTING	OT SIGNATURE

1. Please describe the site, caseload, and your impressions. What types of treatments did you observe?

2. Do you think you could fit into a setting like this one? Why or why not?

OT or OTA PROFESSIONAL:

Please rate the applicant on the following as if they were your new employee.

	MEETS EXPECTATIONS	NEEDS IMPROVEMENT	SIGNIFICANT CONCERN
Timeliness			
Appearance			
Affect/Demeanor			
Communication Skills			
Observation Skills			

Comments regarding above scores:

I attest the information on this form is accurate and complete.

OT/OTA Signature _____ Student Applicant Signature _____