### Occupational Therapy Clinical Observation Form

**Name of Applicant:** __________________________________________________

- A minimum of 100 hours of observation in an occupational therapy setting is required for admission.
- All observation hours completed are recommended to be within one year of application to the program.
- A minimum of 2 different occupational therapy settings is recommended. One in an inpatient setting and the other in outpatient setting.
- One verification form for each observation experience should be submitted and each form must be signed by a licensed occupational therapist.
- Completion of this form does not satisfy the admission requirement for references

**Applicant Summary:**

Briefly describe your experiences at this clinical facility:
________________________________________________________________________________________
________________________________________________________________________________________

**Clinical Site Information:**

- **Site Name:** __________________________________________________________
- **Address:** _____________________________________________________________
- **Type of Setting:** _____________________________________________________
- **Number of Hours for Observation:** ______________________________________

**Supervisor Information:**

- **OT Name:** __________________________________________________________
- **OT License #:** _______________________________________________________

Base on your observation, indication your recommendations regarding this applicant:

- _____ Highly recommend  _____ Recommend without reservations
- _____ Recommend with reservations  _____ Do not recommend

**Comments:**
________________________________________________________________________________________
________________________________________________________________________________________

**OT Signature:** _____________________________________________ **Date:** ________________________

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