

Observation Form

The Occupational Therapy Program (OT) at the University of Arkansas-Fayetteville-University of Arkansas for Medical Sciences (UAF-UAMS) believes that it is important for applicants to have observed occupational therapy professionals in different settings that demonstrate the broad possibilities for the profession. Therefore, all applicants are required to complete at least 25 hours of volunteering/shadowing/service learning in at least THREE (3) different settings (minimum of 4 hours/site), with clients across the lifespan. This experience must be with a registered/licensed occupational therapist (OTR) or certified OT assistant (COTA). It is the responsibility of the applicant to make arrangements for this experience, obtaining this Volunteering/Shadowing/Service Learning Form from the Occupational Therapy website, and for getting it signed by the OT professional. At least 15 of the 25 hours must be completed **within one year** of applying to the program.

Guidelines for the volunteering/shadowing/service learning experience:

1. The applicant makes arrangements with the licensed occupational therapy professionals to complete the 25 hours of the volunteering/shadowing/service learning experience. This is a voluntary service provided by the therapist. Therapists are NOT obligated to provide this experience.
2. Applicants may use up to 10 hours of work site or internship hours as volunteering/shadowing/service learning experience hours, but the remainder of hours must be in different settings with different populations.
3. The applicant should print this volunteering/shadowing/service learning form and bring it to the site, including the instruction sheet, on the first day of the volunteering/shadowing/service learning experience.
4. Once the volunteering/shadowing/service learning experience is finished, the applicant completes the form and gives it to the OT professional for review, discussion, and correction, if needed. The OT professional completes her/his personal information, their evaluation of you, signs the form, and returns it to you.
5. It is your responsibility to make sure the form is completed on your final day of volunteering/shadowing/service learning. This form should then be uploaded into OTCAS.
6. These forms **MUST** be received in OTCAS **prior** to the application deadline.



**Doctorate of Occupational Therapy
Volunteering/Shadowing/Service Learning Hours**

Facility Name: -

Street Address of Facility: -

Experience Details: (Indicate if it was a paid or volunteer experience): _____

Date	Time In- Out	Total Time	Population	Type of setting	Diagnosis and/or conditions Observed



In your words, give a brief description of your site, the OTR/COTA caseload, and your impression of it?

Did you see occupation-based treatments or were they primarily biomechanical? Examples? What are your thoughts on these treatments?

Were there any "aha" moments?

As you consider your observation experience, what surprised you?

Please reflect on what skills you might want to refine or develop as you progress through your OT education:

For the OT PROFESSIONAL:

Please rate the applicant on the follow as if they were your new employee, and give any suggestions to improve your future colleague:

	Meets Expectations	Needs a Bit of Improvement	Significant Concern
Timeliness			
Appearance			
Affect/Demeanor			
Communication Skills			
Observation Skills			

Any suggestions you have to help your future colleague:

Any strengths that you saw:

OTR/COTA Name, email, & phone number:

OTR/COTA Signature:

Student Name, email, phone number:

Student Signature: