Clinical Observation Hours
(return this form to the Philadelphia University Occupational Therapy Program)

The Philadelphia University Program in Occupational Therapy requires that each of our prospective Occupational Therapy students observe or assist as a clinical volunteer under the direction of an Occupational Therapist for a minimum of 20 hours. We believe that this time helps provide prospective students with a realistic view of the clinical aspects of therapy that are essential to their academic success. Please have this form completed by an occupational therapist and submit it with your admission materials. Multiple copies of this form can be made if observation hours will be completed at more than one site. Thank you.

Name of Student: ______________________________________________________________

Name of Clinical Facility: ________________________________________________________

Address: _____________________________________________________________________

___________________________________________________________________________ Phone: _____________________________

Total Hours Spent at your Facility: _________________________________________________

In what capacity?   Observation:   _____
Assistance:   _____
Other (explain):  ____________________________________

Please assess the student in each of the following areas by circling the corresponding rating for each category:

1/ Below Average; 2/ Average; 3/ Above Average; 4/ Superior

Accepts Direction 1 2 3 4
Carries Out Instruction 1 2 3 4
Communicates Appropriately 1 2 3 4
Demonstrates Interest/Motivation 1 2 3 4
Uses Appropriate Judgment 1 2 3 4
Is Reliable/Dependable 1 2 3 4
Attends to Appearance, Hygiene 1 2 3 4

Additional Comments:

___________________________________________________________________________

Signature ____________________________________________________________________

Institution/Department _______________________________________________________

Therapist’s Title ___________________________ Date ______________________________