



SOUTH CAMPUS

**San Jacinto College South Campus
Occupational Therapy Assistant Program
Observation Form**

One form may contain multiple facilities in which observation hours are completed.

Observation Definition: Non-work related observation in the field of Occupational Therapy

Applicant's Name (PRINT): _____

1. This applicant has observed _____ hours under my supervision.

Therapist Name and Credentials: _____

License # _____ State: _____

Facility Name: _____

Address: _____

Phone Number: (____) _____ Email: _____

Signature of OT/OTA: _____

2. This applicant has observed _____ hours under my supervision.

Therapist Name and Credentials: _____

License # _____ State: _____

Facility Name: _____

Address: _____

Phone Number: (____) _____ Email: _____

Signature of OT/OTA: _____

3. This applicant has observed _____ hours under my supervision.

Therapist Name and Credentials: _____

License # _____ State: _____

Facility Name: _____

Address: _____

Phone Number: (____) _____ Email: _____

Signature of OT/OTA: _____

4. This applicant has observed _____ hours under my supervision.

Therapist Name and Credentials: _____

License # _____ State: _____

Facility Name: _____

Address: _____

Phone Number: (____) _____ Email: _____

Signature of OT/OTA: _____

5. This applicant has observed _____ hours under my supervision.

Therapist Name and Credentials: _____

License # _____ State: _____

Facility Name: _____

Address: _____

Phone Number: (____) _____ Email: _____

Signature of OT/OTA: _____

6. This applicant has observed _____ hours under my supervision.

Therapist Name and Credentials: _____

License # _____ State: _____

Facility Name: _____

Address: _____

Phone Number: (____) _____ Email: _____

Signature of OT/OTA: _____

Total Number Observation Hours: _____

Applicant Signature: _____