

**Lackawanna College
 Occupational Therapy Assistant (OTA) Program
 Clinical Observation Requirement for Admission**

Please use this form to record your clinical observation hours.

1. A separate form must be used for each site providing occupational therapy services
2. A total of twenty (20) combined observation hours is required for admission to the OTA program
3. Observation at two or more sites offering services in varied settings or to differing populations of people is required

Name of Applicant	
Applicant's Phone Number/e-mail address	
Facility Name	
Facility/Department Phone Number	
Name of Supervisor	
Supervisor's Position	

Please Circle the type of occupational therapy services provided during this observation (consult with supervisor to clarify terms):

Adult physical rehabilitation Adult mental health/recovery Geriatric care in skilled nursing facility
 Adult Acute Care Pediatric (school-based) Pediatric inpatient care Pediatric outpatient care
 Other _____

In general terms, objectively describe what types of activities you observed your supervisor/clients engaging in?
 (Please print neatly)

Section 2:

Please record your observation hours on the chart below. (use an additional sheet of paper if necessary)

Date of observation	Number of hours observed	Signature of supervisor verifying number of hours recorded by applicant

Total Number of Hours Observed at this Site: _____
 Supervisor Signature (verifying total number of hours) _____ Date _____

**Lackawanna College
Occupational Therapy Assistant (OTA) Program
Clinical Observation Reflection Requirement for Admission**

Section 3:

Instructions:

1. Complete this portion of the Clinical Observation Requirement in your private time of reflection. It is not necessary to share this portion of the form with your supervisor at your observation site. Your responses will NOT be shared with individuals at your clinical site.
2. Attach each reflection to your record of observation for that particular site.
3. Your reflection need NOT be longer than 2 pages double-spaced.
4. Sign and date your reflection
5. Using professional language, to the best of your ability, write a reflection including information about at least 3 of the following: (This reflection may be typed or printed neatly)
 - a. The therapeutic culture of the setting
 - b. Client responses to occupational therapy (It is illegal to use actual patient names, if you must refer to a patient refer to him/her as Patient A, Client B etc.)
 - c. The way in which your supervisor or other OT clinician used his/her personality in a therapeutic way
 - d. Nature of the tools/objects used during evaluations and/or therapy activities
 - e. Characteristics of the staff that contributed to the quality of the therapy being provided
 - f. Characteristics you believe you have that would contribute to your being a good occupational therapy assistant