**Trinity Washington University**

**Occupational Therapy Observation Instructions**

Individuals applying for admission into Trinity’s Occupational Therapy Assistant (OTA) or Master of Occupational Therapy (MOT) are required to complete observation hours. OTA candidates must complete a minimum of 10 hours of observation under a licensed occupational therapist (OT) or certified occupational therapy assistant (COTA). MOT candidates must complete a minimum of 40 hours of observation under a licensed occupational therapist (OT).

Applicants are to complete the observation time sheet. A separate table should be completed for each day observations are completed. Obtain the signature of the supervising occupational therapy practitioner at the end of each observation day.

Professional protocol encourages you to send a formal thank you note to the occupational therapy supervisor after you finish the observation hours at a facility.

See page 2 for the **Observation Time Sheet.**

**OTA:**

Occupational Therapy Assistant (OTA) Candidates complete 10 hours of observation. OTA candidates submit a reflective essay about their observation experience. The essay should is to be a one to two page typed essay. The candidate’s essay should respond to the following items based on your clinical observations:

* Type of facility visited
* Type of interventions, activities and equipment observed
* Based on your observation at the facility, write 1-2 sentence that states what occupational therapy is to you. What experiences during your observation influenced your definition of occupational therapy?
* What experiences or ideas shaped your decision to pursue a career as an occupational therapy assistant?
* How does your interest in becoming a COTA relate to your future goals?

**MOT**

Master of Occupational Therapy (MOT) Candidates complete 40 hours of observation. MOT candidates write about their goal to become an OT in their Trinity admission essay.

**Observation Time Sheet**

**Applicant Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Name of Facility:** |
| **Date(s) of Observation(s)** | **Hours Spent at Facility** |
| **Signature of OT/OTA Supervisor** | **Credentials of Supervisor (circle one)****OT COTA** |

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| **Name of Facility:** |
| **Date(s) of Observation(s)** | **Hours Spent at Facility** |
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