



Occupational Therapy Assistant Program
20 Hours Observational Record

Student Name: _____ ID# (R#) _____

1. The OTA applicant must be aware of Professional Behaviors that should be practiced during the observation hours. Please see the guidelines on the back of this form.
2. The OTA applicant should record the hours and name of the institution where the observation occurred.
3. The OT Practitioner (OT or OTA) should print and sign their name verifying the date and hours of observation, then complete the table below indicating the settings of the observation.

DATE/HOURS	Institution	OT OR OTA (print and signature)

Check Settings Employing the Occupational Therapy Practitioner (OT or OTA) that you observed (should include at least 2 different settings):

AREA	DATE and HOURS
Adult Care	
Long Term Care	
School-Based	
Home Health	
Mental Health/ Psychology	
Early Childhood/Pediatric	
Out-Patient Rehabilitation	
If you were a patient receiving Occupational Therapy or if you have participated in Occupational Therapy of an immediate family member, a MAXIMUM of 10 hours may be counted towards your Observation Hours (as approved by the program chair)	
OTHER (please elaborate)	

4. The OTA applicant is responsible for returning this form to the Students Advising and Development Office in the Public Services Building, Room 148.

For further questions please feel free to contact:

Ann B. Best OTR/L, MHS
OTA Program Chair
Rhodes State College
419-995-8080

PROFESSIONAL BEHAVIOR GUIDELINES for Observation Hours

1. Remember you are making a first impression on a potential future employer! Your behavior is being evaluated. Should you return to this site for a future job interview or clinical site your behavior during your observation hours may help or hinder you!!!!!!
 - a. BE ON TIME and PRESENT when scheduled
 - b. IF there is an emergency, and you must miss a scheduled visit then call before your scheduled time to cancel and reschedule
2. DRESS guidelines: nice, clean, and ironed dress pants (no shorts or capris); comfortable shirt (sweater, blouse, collared shirt) that is not tight or revealing (not high cut at belly and not low cut at chest); clean shoes that have toes and heels covered and no high heels; no perfumes or excessive jewelry (wedding band is appropriate). Hair-clean and combed.
3. According to National and State guidelines you are to observe ONLY, you are not permitted to have your hands-on during the treatment. Some facilities may allow you to help set-up or clean-up the treatment area.
 - a. You can offer to help with set-up and clean -up!!!!!!!
4. THIS is your chance to make sure you have chosen the correct career path for you!!!! WATCH, LISTEN, and FEEL what your job will entail. MAKE SURE THIS is a good fit for you. DO NOT APPEAR BORED OR TIRED!!!!!!!!!!!! If you do, then you are communicating to potential employers that you are not good-fit for this job!!!!!!
 - a. USE body posture that communicates interest or engaged attention (lean forward, actively listen)
 - b. DISPLAY a positive attitude towards becoming a professional; SHOW an energetic, positive and motivated manner; REMEMBER you are to observe only so DO NOT interrupt the treatment!!!!
 - c. TAKE initiative to direct your own learning through observation and questions; BUT CHOOSE an appropriate time to approach the clinician – do not interrupt treatment!!!!!!
 - d. BE sensitive and respond to others' feelings and behaviors by listening and by showing no bias or prejudice
 - e. BE attentive and actively engaged when others are speaking
5. PLEASE feel free to contact the Rhodes State College OTA Program Chair, at 419-995-8080, if you have any questions or concern, or would like clarification to these guidelines!