



OCCUPATIONAL THERAPY ASSISTANT PROGRAM
Site Observation Report form

Dear OT Site Supervisor;

Thank you for allowing _____ to observe occupational therapy at your site. Since this observation is required for the admission to Goodwin College's Occupational Therapy Assistant Program, we require verification of the student's completion of a total of 8 hours of observation.

Please mail, fax, or email this form to:
Goodwin College Occupational Therapy Assistant Program
1 Riverside Drive
East Hartford, CT 06118

Fax: (860) 906-1801

If you have any questions, please do not hesitate to contact me.

Sincerely,

Deanne Anderson, MS, OT/L

Deanne Anderson, MS, OT/L

Program Director, Occupational Therapy Assistant Program

DAnderson@goodwin.edu 860-913-2069

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|----------------------------------|
| Name of Site Supervisor & Title: |
| Name of Observation Site: |
| Address: |
| Phone: |

This is to verify that the above named student has completed _____ hours of observation of an OT/OTA at this location on _____ (date).

Comments: _____

Site Supervisor Signature

Date

Please note, applicants are welcome to complete their Observation Hours at multiple site locations.