



**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 University's Occupational Therapy Assistant Program, we require verification of the student's completion of a total of 8 hours of observation.

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

Students are responsible for mailing, or email this form to:  
Goodwin University Occupational Therapy Assistant Program  
1 Riverside Drive  
East Hartford, CT 06118

Email:  
Sarah Autieri, Administrative Assistant  
[sautieri1@goodwin.edu](mailto:sautieri1@goodwin.edu)

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

A handwritten signature in black ink, appearing to read "Parth M. Desai", with "OTD, OTR/L, MCMT" written in smaller text below it.

**Parth M. Desai, OTD, OTR/L, MCMT**  
Program Director, Occupational Therapy Assistant Program

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