



OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Job Shadowing Form

NOTE: please use a separate sheet for each job shadowing sites. A minimum of 12 hours of shadowing with an occupational therapist or occupational therapy assistant is required.

I verify that _____ has visited the occupational therapy department of
 (Print name of student)

 (Name of facility)

Date	Check in time and leave time	Total hours	Therapist signature

To be completed by supervising OTR or COTA on student behaviors during job shadowing:

	HIGH				LOW
Attitude	5	4	3	2	1
Interest	5	4	3	2	1
Initiative	5	4	3	2	1
Appearance	5	4	3	2	1
Initiative	5	4	3	2	1
Appearance	5	4	3	2	1

Therapist's Comments: _____

 Supervisor's Signature

 Student Signature