

**Mott Community College**  
**Division of Health Sciences**  
**OCCUPATIONAL THERAPY ASSISTANT PROGRAM**  
**OBSERVATION VERIFICATION FORM**

Thank you for providing the pre-Occupational Therapy Assistant student of Mott Community College the opportunity to observe occupational therapy at your facility.

Please verify that the student has completed at least eight (8) hours of occupational therapy observation. We encourage the student to observe more than eight hours if they wish.

Thank you again for your time and support.

Wendy Early, MS, OTR/L  
Occupational Therapy Assistant Program Coordinator

**Student:** Please dress appropriately when visiting a facility for your observation (dress pants or skirt and nice blouse, sweater, or shirt). NO BLUE JEANS, FLIP FLOPS, BARE MIDRIFFS, etc!

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Occupational Therapist Signature:** \_\_\_\_\_

**OR**

**Occupational Therapy Assistant Signature:** \_\_\_\_\_

**Name of Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

**Phone:** \_\_\_\_\_  
(area code) (number)