



Occupational Therapy Assistant Program Observation Experience Form

Student name (print): _____

Facility name: _____

Location: _____

Supervisor phone number: _____

Type of facility (i.e., hospital, rehab center): _____

Date of observation: _____

Hours of observation (i.e., 9:00-3:00): _____

Supervisor name (print): _____

Supervisor signature: _____

Required – signed printed form

Supervisor comments (optional):

Supervisor, if you have questions, please contact the LLCC OTA Program at 217-786-2872. Thank you!

Applicant, following your observation, please complete and sign below:

I verify that I have attended and observed at the above facility on the date and within the time specified.

Student signature: _____ Date: _____

Required – signed printed form

Applicant, submit the signed observation form and reflection essay to the OTA student success coach via email at Fabiola.Gonzalez@llcc.edu. You will receive a confirmation email within three business days. The submitted materials must be followed by a confirmation email to receive credit toward your observation materials. If you do not receive a confirmation, please email the OTA student success coach. We look forward to reviewing your application.

Observation experience forms and reflection essays must be received by the first Friday in December.