

**MADISONVILLE COMMUNITY COLLEGE  
OCCUPATIONAL THERAPY ASSISTANT PROGRAM  
Student Description of Occupational Therapy Observation**

**Student name (print):** \_\_\_\_\_

**Facility:** \_\_\_\_\_ **Setting:** \_\_\_\_\_

**OT Practitioner(s) observed:** \_\_\_\_\_

**OT Practitioner signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Briefly describe the type of treatment observed (diagnoses, ages, activity, and environment). Identify an occupation-based treatment.**

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**Did this experience change how you look at and feel about the profession of Occupational Therapy? Explain.**

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**What did you especially like about his experience?**

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_