



# GRAND VALLEY STATE UNIVERSITY OCCUPATIONAL SCIENCE & THERAPY PROGRAM DOCUMENTATION OF OBSERVATION HOURS FORM

**TO BE COMPLETED BY APPLICANT Please Print**

APPLICANT NAME \_\_\_\_\_ APPLICATION YEAR \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_  
Street Address                      City, State                      Zip

THERAPIST Name \_\_\_\_\_  
Title    Phone

FACILITY Name \_\_\_\_\_ TOTAL HOURS \_\_\_\_\_  
Start Date                      End Date

TYPE OF FACILITY \_\_\_\_\_ AGE RANGE OF CLIENTS \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (by typing your name here you are giving your permission)

<b>TO BE COMPLETED BY OCCUPATIONAL THERAPIST:</b> Please summarize your assessment of this applicant by placing an "X" in the appropriate box.					
Characteristic	Very Strong	Strong	Average	Weak	Can't Say
Understanding of OT					
Interest in the field					
Listening Skills					
Desire to Initiate					
Responsiveness					
Dependability					
Interpersonal Skills					

Therapist Signature \_\_\_\_\_  
Position/Title                      State and Credential #                      Date

Email Address of Therapist \_\_\_\_\_

**To the Therapist:** Upon completion, please give this form back to the applicant.

**Questions?** Call (616) 331-5500 and ask for the OST Program. Thank you for your assistance.