



SCHOOL OF HEALTH  
AND MEDICAL SCIENCES  
*Occupational Therapy*

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# SETON HALL UNIVERSITY

## OBSERVATION HOURS VERIFICATION FORM FOR OT DUAL DEGREE PROGRAM

*[Forms from friends, family members, or acquaintances are not appropriate.]*

Applicant Name: \_\_\_\_\_

### **To the Applicant:**

Please complete the top portion of the form and give it to the person completing the form.

### **Right to Access:**

This letter of recommendation is confidential. Such letters are not accessible to applicants for admission. However, Public Law 93-380, Educational Amendments Act of 1974, grants enrolled students the right to inspect letters of recommendation. If the applicant does not waive the right to access and is admitted and enrolled, he or she will be able to access these letters.

Please check one: I  do,  do not waive the right to access this letter.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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### **To the Supervising OT:**

Please complete the questions below; your signature is required at the bottom of this form. There is space provided on the second page to provide additional information or comments about the applicant that could be considered relevant to their admission to our program.

1. What is the name and location of the facility? \_\_\_\_\_

2. How many observation hours has the applicant completed with you? \_\_\_\_\_

3. How long have you known the applicant? \_\_\_\_\_

4. Please check the response that best describes your experience with the applicant:

a. Did the applicant conduct himself/herself professionally?

- All of the time
- Most of the time
- Some of the time
- Rarely

b. Did the applicant arrive consistently on time?

- All of the time
- Most of the time
- Some of the time
- Rarely

c. Did the applicant dress appropriately for your setting?

- All of the time
- Most of the time
- Some of the time
- Rarely

d. If the applicant had the opportunity to interact with patients/clients, was he/she respectful?

- All of the time
- Most of the time
- Some of the time
- Rarely
- Not applicable

5. Additional comments:

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Name and credentials (please print)

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Title

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Address

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Telephone

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Signature

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Date