**OCCUPATIONAL THEREAPY OBSERVATION EXPERIENCE RECORD**

**I. Facility name:**

**Type of setting or clients/patients seen:**

**Address:**

**2. Number of hours of observation:**

**3. Dates of observation (start date to end date):**

**4. Summary of observation experience in this setting:**

**5. Occupational Therapist’s name:**

**Email:**

**Hours at the site (if a detailed record is needed)**

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| **Date** | **Number of hours** | **Signature of site contact** |
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