Kettering College OT Observation Tracking Document

Facility Name

Street Address

City, State, Zip

Experience Start Date:

Experience End Date:

|  |  |  |
| --- | --- | --- |
| **Setting** | **Date on Site** | **Total Observation Hours Completed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Total Observation Hours Completed: \_\_\_\_\_\_\_\_\_\_\_

 OT Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_