Kettering College OT Observation Tracking Document

Facility Name

Street Address

City, State, Zip

Experience Start Date:

Experience End Date:

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| **Setting** | **Date on Site** | **Total Observation Hours Completed** |
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Total Observation Hours Completed: \_\_\_\_\_\_\_\_\_\_\_

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