



GENERAL OBSERVATION/EXPERIENCE FORM

Profession Observed:

__ Audiology __ Occupational Therapy __ Physical Therapy __ Physician Assistant __ Athletic Training

Student Information:

Name: _____

Academic year: _____

Name and address of location where activity occurred: _____

Please indicate whether this was observation or paid experience: _____

Total hours observed: _____

Date(s) observed (please use multiple forms if you are observing in multiple locations):

Type of setting:

- Rehabilitation
- Home Health
- School System
- Mental Health
- Inpatient Acute
- Community
- Outpatient
- Skilled Nursing
- Other: _____

Professional's Information:

Name of Professional: _____

License #: _____

Phone number: _____

Signature (Professional)

Date