'
!"#$"%&'&"!'"&()*&+',&-."%#-$/'
DOCTOR OF OCCUPATIONAL THERAPY
OTR Verification of Observation Report

____
Observer’s Name Date(s) of Observation Approximate Hours Completed

Facility Name
____
Facility Address City State Zip Code

____
Occupational Therapist’s Name

____
Occupational Therapist’s Position Title

$6'344?4;';A2'J$+'0<6G<39'?:'42127;?:G'G<3583;2'3BB1?73:;4'DA6'3<2'?9B<244?>2';6'2N;2<:31'2>3183;6<4H'B12342'
<3:O';A2'?:5?>?5831'DA6'A34'6=42<>25'C68'6:'A2<EA?4'BAC4?731'3BB23<3:72H'?:;2<24;'3:5'78<?64?;C'3=68;'C68<'
4?;2H'2@@27;?>2'76998:?73;?6:'4O?114'3:5';A2'B<242:72'6@'3:'2:G3G?:G'4;C12'6@'?:;2<37;?6:'D?;A'B3;?2:;4E71?2:;4'
3:5'6;A2<'B<6@244?6:314P'''
 5 4 3 2 1
 Exceptional Very Appropriate with Appropriate with Less Than Appropriate Very Inappropriate
 Overall No Exceptions a Few Exceptions in a NumbuNosa UpP rs UNP]Ta UaP Lar UaP T2 qYHat Y Y YHat ra ibsHsa cm