MASTER OF SCIENCE IN OCCUPATIONAL THERAPY PROGRAM  
(graduate students only)  

SHADOWING EXPERIENCE GUIDELINES  

For admission to the Mount Mary University Occupational Therapy program, applicants are required to shadow an occupational therapist for a minimum of 4 hours. Shadowing of more than one therapist in more than one setting is permissible. (Example: shadow an occupational therapist in a rehabilitation setting for 2 hours and then shadow an occupational therapist in a grade school for 2 hours). Shadowing needs to be completed within two years prior to application. OTA’s/COTA’s are waived from this requirement.  

Call the Director of Occupational Therapy of the facility, identify yourself as a student seeking admission to the Mount Mary University Occupational Therapy program and that shadowing of an occupational therapist is a requirement for admission to the Occupational Therapy program. If you need assistance finding a shadowing experience, call the Occupational Therapy Department Fieldwork Coordinator at 414-256-0163.  

Verification of the shadowing experience is required:  

1) The therapist that you shadow needs to verify the shadowing experience and will comment on your punctuality, patient interaction and professional inquiry. Ask the therapist to complete the attached form (Form A) and return it to the department via mail or email:  
Mount Mary University  
Office for Graduate and Continuing Education  
2900 N. Menomonee River Pkwy  
Milwaukee, WI 53222-4597  
mmu-admissop@mtmary.edu  

It is suggested that you provide the supervisor the form with your name printed on it and a stamped/addressed envelope.  

2) A one page summary using the attached form (Form B) is to be completed by the applicant.  

3) If shadowing is completed in two different locations to total four hours, then applicants must submit two shadowing forms (both Form A and Form B).
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SHADOWING EXPERIENCE VERIFICATION

This is to verify that ___________________________________________ shadowed an
(applicant’s name)

occupational therapist at ___________________________________________________
(facility name and location)

on __________________ for a total of __________ hours.
(date/dates)

Summary of student’s experience and professional behavior:

YES            NO

Student was punctual in arrival to clinic
Student had the opportunity to observe client treatment
Student asked questions about treatment observed
Student acknowledged client(s) (e.g., greeted client)
Student demonstrated professional inquiry as evidenced
by asking therapist questions about career of OT

Additional Comments:

Therapist’s signature: ___________________________  Date: ____________

Please return form to:  Mount Mary University
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Milwaukee, WI 53222-4597
Or send via email: mmu-admissop@mtmary.edu

Form A  7/1/13
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APPLICANT’S SUMMARY OF SHADOWING EXPERIENCE

Name: ____________________________________________ Date: ________________

Facility: ________________________________________________________________

Name of occupational therapist (OTR): _______________________________________

Respond to the following below or attach a separate sheet:

1. Summarize what you learned about occupational therapy treatment in this setting.

2. Identify two responsibilities or skills of the therapist you shadowed.

3. Based on what you learned from the therapist about occupational therapy and what you observed, what draws you to the field of occupational therapy?

4. What are some of the questions you asked the therapist:

   A. Regarding OT as a career

   B. About the OT treatment observed