



OCCUPATIONAL THERAPY PROGRAM

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 must 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 and identify yourself as a student seeking admission to the Mount Mary University Occupational Therapy program. Let them know 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 at 414-930-3059.

Required Verification of Shadowing Experience:

1. **Form A:** The therapist that you shadowed will comment on your punctuality, patient interaction, and professional inquiry. Ask the therapist to complete Form A and return it **directly** to Mount Mary via mail or email to the appropriate address listed below. It is suggested that you provide the supervisor the form with your name printed on it and a stamped/ addressed envelope.
2. **Form B:** A one-page summary using Form B is to be completed by the applicant. Return the form via mail or email to the appropriate address listed below.

***If the shadowing experience is completed at two different locations to total four hours, then applicants must submit two separate shadowing forms of both Form A and Form B for *each* location.

BS/MS (Applicants with no previous bachelor's degree)	MSOT (Applicants with a bachelor's degree)
Mount Mary University Occupational Therapy Department 2900 N. Menomonee River Pkwy Milwaukee, WI 53222-4597	Mount Mary University Graduate Admissions Office 2900 N. Menomonee River Pkwy Milwaukee, WI 53222-4597
mmu-ot@mtmary.edu	mmu-admissop@mtmary.edu



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Shadowing Experience Verification – Form A

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:

	<u>Yes</u>	<u>No</u>
Student was punctual in arrival to clinic	<input type="checkbox"/>	<input type="checkbox"/>
Student had the opportunity to observe client treatment	<input type="checkbox"/>	<input type="checkbox"/>
Student asked questions about treatment observed	<input type="checkbox"/>	<input type="checkbox"/>
Student acknowledged client(s) (e.g., greeted client)	<input type="checkbox"/>	<input type="checkbox"/>
Student demonstrated professional inquiry as evidenced by asking therapist questions about career of OT	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Therapist's name (printed): _____

Therapist's signature: _____ Date: _____

Thank you for completing this form!



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Applicant's Summary of Shadowing Experience – Form B

Name: _____ Date: _____

Facility: _____

Name of occupational therapist (OTR): _____

Please address the following statements below or on a separately attached sheet in 200-250 word responses each:

1. Please summarize how this experience influenced your understanding of this profession as a 'good fit' for you personally.



2. Reflect on your experience with an occupational therapist. Based on your expectation of what it would be like, describe something that was different than you expected it to be.



3. Meaningful engagement is an important aspect of occupational therapy. Describe how the treatment, interactions, or results of the therapy appeared meaningful to a client.