



**MOUNT MARY COLLEGE
MASTER OF SCIENCE IN OCCUPATIONAL THERAPY PROGRAM**

SHADOWING EXPERIENCE GUIDELINES

For admission to the Mount Mary College 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 College 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 at the following address:
Mount Mary College
Office for Graduate and Continuing Education
2900 N. Menomonee River Pkwy
Milwaukee, WI 53222-4597

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	<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 signature: _____ **Date:** _____

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