Worksheet: Observation Sheet

Name task/event/session observed: ____________________________________________________________

Who was present – why? __________________________________________________________________

How was consent obtained? __________________________________________________________________

List the clients’ occupational issues: _________________________________________________________

___________________________________________________________________________________________

List the client goals of the task/event observed: ________________________________________________

___________________________________________________________________________________________

List the precautions used/considered: _________________________________________________________

___________________________________________________________________________________________

List the activities/tasks completed during this session: _____________________________________________

___________________________________________________________________________________________

List any equipment used (define pros and cons of the equipment as well as any measurements, adaptations, maintenance issues, risk, advice to client, or issues re supply of the equipment): _________________________

___________________________________________________________________________________________

What skills and techniques were used to engage with the client? _________________________________

___________________________________________________________________________________________

What is the frame of reference used? __________________________________________________________

___________________________________________________________________________________________

How were the goals of the session evaluated? ___________________________________________________

___________________________________________________________________________________________

Reflect on what went well or not well and discuss how this will impact on the next session/treatment (e.g. length of session, appropriateness of goals/approaches etc) ___________________________________________

___________________________________________________________________________________________

Review the therapists’ documentation of the session/event and comment on the content

___________________________________________________________________________________________

Reference: Amended by Practice Education Development Group, University of Newcastle from a student worksheet from the Occupational Therapy Department, Royal North Shore Hospital, Sydney (2010)