

CLINICAL OBSERVATION FORM

The following two pages are considered the “Clinical Observation Form.” This form should be used if the applicant has had observation/volunteer time in a physical therapy clinic. All observation time reported must be documented on the observation form provided...other forms of documentation are not acceptable.

The information on this form is considered confidential; therefore the observation and employment evaluation forms must be in a sealed envelope with stamped closure or supervisor’s signature written across the seal. Sealed envelope must be returned to the prospective student to submit with application by April 15th.

- Clinical observation hours must be completed within the 9 months prior to the application deadline. Clinical observation hours completed before or after this time period will not be accepted.
- All documentation of observation time must arrive at the school by April 15 of the year that you intend to begin the program Documentation of observation time received after this date will not be considered.
- It is the student’s responsibility to make sure the college has received this documentation.

Clinical Observation Form

For Fall _____

Physical Therapist Assistant Program

Walters State Community College

The information on this form is considered confidential.

Student Name: _____

Facility Name: _____ Facility Type: _____

Facility Address: _____

Phone: _____

Name and position of person overseeing student's observation: _____

As part of the requirements for application to the Physical Therapist Assistant Program, students are required to spend a minimum of 30 hours of observation time in physical therapy practices. Students are instructed to call the physical therapy clinic to request permission to observe and to request a specific time that is acceptable for their observation time. The physical therapist or physical therapist assistant who oversees the student's observation time should complete the form and sign. **This form serves as documentation of observation time and as a reference if the person completing the form supervised the applicant's observation time.** This observation and employment evaluation form must be in a sealed envelope with stamped closure or supervisor's signature written across the seal. The sealed envelope must be returned to the prospective student to submit with application by April 15th. The information that you provide will be used to assist the PTA faculty in determining the candidate's qualifications for admission into the PTA program. No phone calls will be accepted. Thank you for assisting this student in gaining knowledge about the practice of physical therapy.

1. Did this student handle setting up this observation time appropriately?
() exceptional () adequate () inadequate
2. Was the student prompt and dependable during the time with you?
() exceptional () adequate () inadequate
3. Did the student demonstrate the ability to establish rapport with you and the staff?
() exceptional () adequate () inadequate
4. Did the student demonstrate the ability to establish rapport with patients and their families?
() exceptional () adequate () inadequate

5. Did the student appear interested and ask appropriate questions?
() exceptional () adequate () inadequate
6. Did the student demonstrate the ability to assume appropriate responsibility?
() exceptional () adequate () inadequate
7. Was the student's appearance appropriate for the practice setting?
() exceptional () adequate () inadequate
8. Did the student demonstrate understanding of the roles of the PT staff they observed and of the practice setting in which they observed?
() exceptional () adequate () inadequate
9. Did the student demonstrate ability to follow verbal and/or written instructions?
() exceptional () adequate () inadequate
10. Based on the student's behavior in your practice, please rank the student as:
() An excellent candidate for the PTA program
() Should be considered for the PTA program
() A poor candidate for the PTA program

Comments:

Number of **total hours** the student observed at this practice: _____

Signature of PT or PTA that supervised student's observation _____

Date _____ (Required)