

Physical Therapist Assistant Observation Form

Student Applicant Name (print) _____

Student ID (R#) _____

Phone Number _____

Email _____

To be completed by Licensed PT or PTA Evaluator: Thank you for your time in introducing this PTA applicant to the physical therapy profession. The student is required to observe a PT or PTA for 10 hours. Upon completion of the student's time in your facility, please complete the form below to verify hours in the facility and professional characteristics. Your ratings and comments provide valuable feedback for continued professional development. We appreciate your candid opinion.

Observation Dates: ____/____/____ to ____/____/____ TOTAL HOURS: _____

(Minimum of 10 total REQUIRED)

Characteristic	Poor	Fair	Good
Personal appearance	Sloppy, too casual, and/or too revealing 1	One clothing item inappropriate 2	Complies with dress code 3
Attitude toward patients	Rude, careless, or disrespectful 1	Indifferent or overly chatty 2	Pleasant and appropriate 3
Attitude toward staff	Rude or sullen 1	Indifferent or overly friendly 2	Cooperative and respectful 3
Communication skills	Poor listener, no attempts to ask questions and/or talks about self only 1	Unclear questions or random attempts 2	Thoughtful questions that are on topic 3
Motivation	Disinterested in patient care 1	Occasional interest in therapy process 2	Seeks out learning in appropriate ways 3

Rate your overall endorsement of the applicant as a future colleague (Select one):

- Highly recommended
 Recommended
 Recommended with reservation
 Not recommended

Evaluating Therapist Name (print) _____ Date ____/____/____

Evaluator's Phone Number if verification is required _____

Name of Facility _____ (Check type of setting below)

- Inpatient Outpatient Other

(IE: Hospital, Skilled Nursing Facility)

(IE: Outpatient Clinic, School, Sports Facility)

Signature _____ License # _____

Please give completed form to the student for submission. If confidentiality is desired, form may be placed in a sealed envelope with signature over the seal.

Physical Therapist Assistant Program FAX (419) 995-8093
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