

OBSERVATION FORM

PRE-PHYSICAL THERAPIST ASSISTANT STUDENT

Potential PTA Student Name: _____

Facility Name: _____

Type of Setting: _____

<u>Dates of Observation</u>	<u># Of Hours</u>	<u>Printed Name of Clinician</u>	<u>Clinician's Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL HOURS OBSERVED: _____

CLINICIAN TO COMPLETE REMAINDER OF THIS FORM:

Please help evaluate this potential PTA student by completing the following:

	YES	NO
1.) Courteous when establishing appointment time for clinical visit	_____	_____
2.) Punctual in attendance for clinical observation	_____	_____
3.) Respectful of clinician's time and schedule	_____	_____
4.) Appropriate attire worn during observation	_____	_____
5.) Demonstrated interest in the clinical setting	_____	_____
6.) Asked appropriate questions of clinician.	_____	_____
7.) Exhibited respect and courtesy toward clinicians, patients and others.	_____	_____
8.) Demonstrated positive and appropriate interpersonal skills.	_____	_____
9.) Demonstrated true interest in the physical therapy profession.	_____	_____
10.) HIPPA compliant and observed clinical site policies and procedures.	_____	_____

CLINICIANS: Please provide comments about this individual and their potential for success in the physical therapist assistant program at Navarro College.

Signature of Clinician:

Thank you for your support of the NC PTA program and for allowing this potential student to observe. Please contact Dr. Sarah Austin, NC PTA Program Director at (972)775-7270 with any questions, concerns or comments.