

PHYSICAL THERAPIST ASSISTANT PROGRAM

OBSERVATION FORM

Pierpont Community & Technical College
School of Health Careers

You are required to complete a total of 10 volunteer/observation hours divided between at least 2 physical therapy practice settings. Mail a completed form for each of the clinics you visit by **March 1** to:

Pierpont Community & Technical College
500 Galliher Dr.
Fairmont, WV 26554

Date Visited

Hours

Please have this section completed and signed by a physical therapist or physical therapist assistant at the clinic you visit.

Introduce self to staff	Yes	No
Listens attentively	Yes	No
Asks questions to aid learning	Yes	No
Meets expectations for attendance and punctuality	Yes	No
Responds in an appropriate manner to request	Yes	No
Respects confidentiality	Yes	No
Converses appropriately with staff and patients	Yes	No

Applicant Name: _____

Clinic Name: _____

Physical Therapist or PTA: _____

Printed Name

Signature