

POLK STATE COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
OBSERVATION VERIFICATION FORM

Students must show verification of a minimum of 50 hours of physical therapy observation exposure in order to be considered for admission to the program. Experience in three or more different clinical settings is required.

Directions: Please use one form for each facility. A licensed physical therapist or physical therapist assistant must sign the form. Duplicate additional forms as needed.

To be completed by the student

Student Name: _____ Student ID#: _____

Address: _____

Name of Facility: _____

Address: _____

Phone: _____

Type of facility: Acute Care hospital (pediatric/adult) Home Health Care
 Skilled Nursing (SNF)/ Long Term Care Other: _____
 Outpatient Orthopedics/Sports/General/Neurologic
 Outpatient Pediatrics
 School Based Pediatrics

To be completed by the supervising therapist.

Total number of hours performed by the student: _____

- Was the student consistently on time? YES NO
- Was the student consistently dressed appropriately? YES NO
- Did the student consistently act professionally? YES NO
- Did the student consistently behave ethically? YES NO

Comments: _____

PT/PTA Signature: _____ License #: _____

PT/PTA Name (Printed): _____ Date: _____

OBSERVATION SUMMARY

Please summarize what you learned during your observation experience at this facility.

Observation Attendance Log:

<u>Dates</u>	<u>Times</u>	<u>PT/PTA Initials</u>

Student Signature

Date