

**PHYSICAL THERAPIST ASSISTANT
PROGRAM OBSERVATION HOURS FORM**

Student applicants should make copies of this form as needed to provide EACH supervising PTA/PT with an individual observation form. The PT/PTA completing this Observation form should confirm the documented hours spent in observation and complete the student evaluation based on the criteria provided. **This completed form must be emailed to kfrantz@shawnee.edu or uploaded in the PTA application, either by the student or the clinician**

Student ID Waiver of FERPA: This waiver statement should be signed if you desire to waive the rights of privacy provided by the Family Educational Rights and Privacy Act of 1974, so that this reference may be read by others. This information will be used in a confidential manner for the express purpose of application to the PTA program.

Applicant's Signature _____ **Date** _____

Applicant's Name _____ **SSU Student ID** _____

PTA or PT Name (please print) _____

Title _____ **License Number** _____

Facility/Company Name _____ **Setting (e.g., OP, SNF, Inpatient)** _____

Note to the Clinician: Students must obtain at least 20 hours in two different physical therapy settings before applying to the program. Please use the following charts to confirm observation hour completion and evaluation of the applicant's performance.

Clinical Observation Hours Tracking Log

Date	Hours Completed	PTA/PT signature

Skill/Ability	Good	Fair	Poor	Comments
Professional Behavior				
Interest in Learning				
Interpersonal Skills				

Would you be willing to recommend this student? YES

NO