



Shawnee State University

College of Professional Studies

PHYSICAL THERAPIST ASSISTANT PROGRAM OBSERVATION HOURS FORM

Student applicants should make duplicate copies of this form as needed, in order to provide EACH supervising PTA/ PT with an individual observation form. Please submit all completed forms to **Kelley Frantz, at kfrantz@shawnee.edu or Kimberly Cox, at kcox@shawnee.edu**

Please fill out the FERPA waiver prior to submitting the form to the clinician. This will allow the Supervising PTA/PT to mail personal information directly to the University and the PTA program to have access to this information for admissions purposes only. It is your responsibility to follow the facility's requirements for observation regarding HIPAA confidentiality, and OSHA.

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:** _____

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

The PT/PTA completing this Observation form should confirm the documented hours spent in observation and also complete the student evaluation based on the criteria provided. **The Clinician completing this form should mail the form DIRECTLY to Kelley Frantz via mail or email (both listed above). Please DO NOT allow the student to submit this form.**

PTA or PT Name (please print) _____

Title: _____ **License Number** _____

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

Did you have any relationship with this applicant prior to this observation experience: _____
If so, in what capacity? (i.e. former patient, family, friend): _____

Note to the Clinician: The PTA program feels that it is crucial for prospective students to be exposed to various clinical settings. We thank you for your willingness to assist prospective students with this requirement. Students are required to obtain a minimum of 20 hours in two different physical therapy settings prior to applying to the program. However, more observation hours are encouraged.

Clinical Observation Hours Tracking Log:

Date	Hours Completed	PTA/PT signature	Date	Hours Completed	PTA/PT signature

TOTAL OBSERVATION HOURS COMPLETED AT FACILITY: _____

Please use the following Chart to evaluate the applicant’s performance during observation hours. The recommendation can reflect the opinion of other PTA’s/PT’s that have had interactions with the applicant during observation hours. Examples are provided under each listed “skill/ability” to provide the suggestive criteria for assessing the student performance of each ability/skill (they are not meant to be all inclusive, or required). Please place a “X” in the most appropriate box to reflect your opinion of the applicant with those criteria.

Skill/Ability	Good	Fair	Poor	Comments
Professionalism <ul style="list-style-type: none"> • Follows dress code • Appropriate behavior • Appropriate language/communication • Responsible • Timely 				
Commitment to Learning <ul style="list-style-type: none"> • Interest in learning, Asking questions • Interest in the field of PT/PTA • Enthusiasm for overall clinical experience • Interacting with staff and patients • Self-Initiates learning opportunities 				
Interpersonal Skills <ul style="list-style-type: none"> • Relates to patients and staff appropriately • Body language 				

Would you be willing to recommend this student? YES YES, with reservation NO
Would you be willing to work with this applicant as a colleague? YES YES, with reservation NO