



PHYSICAL THERAPIST ASSISTANT PROGRAM

OBSERVATION HOURS ASSESSMENT FORM

PTA Applicant Name: _____ Applicant's Phone #: _____ Facility: _____

Thank you for allowing this applicant to shadow you. Please evaluate this applicant's conduct during the time he/she was observing in your facility using the following key:

Always (behavior consistent) **Sometimes** (behavior not consistent) **Never** (behavior never seen)
N/A (not applicable or did not have the opportunity to observe)

- | | |
|--|--|
| 1. This applicant was courteous and professional when contacting you/your facility for this shadowing experience? | <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/> N/A |
| 2. This applicant was on time for the shadowing experience. | <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/> N/A |
| 3. This applicant was attentive and demonstrated an interest in learning about your field. | <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/> N/A |
| 4. This applicant showed respect for patients/clients, caregivers, therapists and staff during the observation. | <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/> N/A |
| 5. This applicant used appropriate language (did not use slang or disrespectful speech) when dealing with members of the healthcare team and patients. | <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/> N/A |
| 6. This applicant appropriately took direction from the clinician during the observation. | <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/> N/A |
| 7. This applicant was appropriately dressed for this observation. | <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/> N/A |
| 8. This applicant projected a professional image during this observation. | <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/> N/A |
| 9. This applicant managed personal affairs in a manner that did not interfere with this observation. | <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/> N/A |
| 10. This applicant showed respect and appreciation for the time and knowledge of the person(s) being observed. | <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never <input type="radio"/> N/A |

TOTAL NUMBER OF OBSERVATION HOURS WITH YOU _____

Type of Setting (Inpatient, Outpatient, SNF, Peds, etc.) _____

Comments: _____

PT/PTA Print Name

PT/PTA Signature

Date

RETURN DOCUMENT INSTRUCTIONS:

Please email (*preferred*) the completed form to the PTA Program to ptaprogram@victoriacollege.edu

OR mail to:

Victoria College PTA Program • 2200 E. Red River Street • Victoria, Texas 77901
(Student will provide a self-stamped envelope)