

VICTORIA COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM

OBSERVATION HOURS ASSESSMENT FORM

PTA Applicant Name: _____ 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? | Always | Sometimes | Never | N/A |
| 2. This applicant was on time for the shadowing experience. | Always | Sometimes | Never | N/A |
| 3. This applicant was attentive and demonstrated an interest in learning about your field. | Always | Sometimes | Never | N/A |
| 4. This applicant showed respect for patients/clients, caregivers, therapists and staff during the observation. | Always | Sometimes | Never | 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. | Always | Sometimes | Never | N/A |
| 6. This applicant appropriately took direction from the clinician during the observation. | Always | Sometimes | Never | N/A |
| 7. This applicant was appropriately dressed for this observation. | Always | Sometimes | Never | N/A |
| 8. This applicant projected a professional image during this observation. | Always | Sometimes | Never | N/A |
| 9. This applicant managed personal affairs in a manner that did not interfere with this observation. | Always | Sometimes | Never | N/A |
| 10. This applicant showed respect and appreciation for the time and knowledge of the person(s) being observed. | Always | Sometimes | Never | N/A |

TOTAL NUMBER OF OBSERVATION HOURS WITH YOU _____

Comments: _____

Physical Therapist Signature

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

Date

Please email (preferred) the completed form to the PTA administrative assistant, Jennifer.Hinojosa@VictoriaCollege.edu and/or the Program Director, Tammy.Mikulik@VictoriaCollege.edu

Or

Mail to: Victoria College PTA Program 2200 E. Red River, Victoria, Texas 77901 (student will provide a stamped envelope)