



## 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 \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PT/PTA Print Name

\_\_\_\_\_  
PT/PTA Signature

\_\_\_\_\_  
Date

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

#### RETURN DOCUMENT INSTRUCTIONS:

Please email (*preferred*) the completed form to the PTA Administrative Assistant at [Jennifer.Hinojosa@VictoriaCollege.edu](mailto:Jennifer.Hinojosa@VictoriaCollege.edu) and/or the Program Director at [Tammy.Mikulik@VictoriaCollege.edu](mailto:Tammy.Mikulik@VictoriaCollege.edu). You can mail it to:  
Victoria College PTA Program • 2200 E. Red River Street • Victoria, Texas 77901. *Student will provide a stamped envelope.*