

Physical Therapist Assistant (PTA) Clinical Observation Form

Student Information

Student's Printed Name: _____

Facility Name: _____

Type of Setting: _____

Clinician Instructions

Thank you for supporting the Navarro College Physical Therapist Assistant program and for allowing this prospective student to observe in your facility. If you have questions, concerns, or comments, please contact Dr. Sarah Austin, PTA Program Director, at (972) 775-7270.

Observation Hours Log

Dates	Number of Hours	Clinician Printed Name	Phone Number

Total Hours Observed: _____

Student Evaluation

Please help evaluate this prospective PTA student by marking one answer for each statement:

Evaluation Item	Yes	No
Courteous when scheduling the clinical observation		
Punctual for the clinical observation		
Respectful of the clinician's time and schedule		
Wore appropriate attire during observation		
Demonstrated interest in the clinical setting		
Asked appropriate questions		
Showed respect and courtesy toward clinicians, patients, and others		
Demonstrated positive and appropriate interpersonal skills		
Demonstrated genuine interest in the physical therapy profession		
Complied with HIPAA and observed clinical site policies and procedures		

Comments

Please provide comments on this student observer's potential for success in the PTA program.

Clinician signature: _____

Date: _____