



The Physical Therapist Assistant Program at Collin College requires applicants to complete 20 hours of observation / volunteer/ work experience in a Physical Therapy clinic or facility under the direction of a Physical Therapist or Physical Therapist Assistant.

**Completed by the applicant:**

Applicant Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Facility:  Acute Care  Skilled Nursing  Nursing Home  Rehab Facility  Outpatient Clinic:

Other: \_\_\_\_\_

Age of patients:  Pediatric  Adult  Geriatric  All Ages

Type of Experience:  Observation  Volunteer  Paid

**Completed by the supervising physical therapist or physical therapist assistant:**

Total observation/volunteer/work hours completed by the student Total Hours: \_\_\_\_\_

- Did the applicant demonstrate timeliness, punctuality, and proper time management?  Yes  No
- Did the applicant interact with the staff and patients in a courteous and professional manner?  Yes  No
- Did the applicant communicate with the staff and patients in an effective manner?  Yes  No
- Did the applicant demonstrate appropriate appearance for the practice setting?  Yes  No
- Did the applicant follow all policies and procedures directed by the facility?  Yes  No
- Did the applicant respond to feedback and modify behavior accordingly?  Yes  No
- Did the applicant demonstrate interest in the profession and ask appropriate questions?  Yes  No

Comments:

By signing the form, the PT/PTA are acknowledging the applicant has completed the hours noted above.

PT/PTA Signature: \_\_\_\_\_ License #: \_\_\_\_\_

PT/PTA Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

**Once completed, place the form in a sealed envelope and sign across the seal. Please give the applicant the signed and sealed envelope. The applicant will send the envelope when submitting their application.**