

**PHYSICAL THERAPIST ASSISTANT PROGRAM
OBSERVATION FORM**

Pierpont Community & Technical College
School of Health Careers

You are required to complete a total of 10 volunteer/observation hours divided between at least 2 physical therapy practice settings. Mail a completed form for each of the clinics you visit by **January 31** to:

Pierpont Community and Technical College
ATTN: Enrollment Services
1201 Locust Avenue
Fairmont, WV 26554

Date Visited	Hours
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Please have this section completed and signed by a physical therapist or physical therapist assistant at the clinic you visit.

Introduces self to staff.	Yes	No
Listens attentively.	Yes	No
Asks questions to aid learning.	Yes	No
Meets expectations for attendance and punctuality.	Yes	No
Responds in an appropriate manner to requests.	Yes	No
Respects confidentiality.	Yes	No
Converses appropriately with staff and patients.	Yes	No

Applicant Name: _____

Clinic Name: _____

Physical Therapist or PTA: _____

Printed Name

Signature

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