

# PHYSICAL THERAPIST ASSISTANT PROGRAM OBSERVATION FORM

Blue Ridge Community & Technical College  
Physical Therapist Assistant Program

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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 **June 1** to:

Blue Ridge Community and Technical College  
ATTN: Dr. Chrystal McDonald  
400 W. Stephen St  
Martinsburg, WV 25401

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Date Visited

Hours

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

Other comments:

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

Clinic Name: \_\_\_\_\_

Physical Therapist or PTA: \_\_\_\_\_

Printed Name

Signature