PHYSICAL THERAPIST ASSISTANT PROGRAM 
OBSERVATION FORM
Blue Ridge Community & Technical College 
Physical Therapist Assistant Program

You are required to complete a minimum of 20 volunteer/observation hours divided between at least 2 distinctly different physical therapy practice settings. This form must come directly from the clinician to the program coordinator. It can be faxed or mailed, using the information below.
Blue Ridge Community and Technical College  Fax: 304-260-1296
ATTN: Dr. Chrystal McDonald
13650 Apple Harvest Drive
Martinsburg, WV  25403

<table>
<thead>
<tr>
<th>DATE</th>
<th>HOURS (EX: 8-12)</th>
<th>TOTAL # OF HOURS</th>
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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

Other comments:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Applicant Name:________________________________________________________________
Clinic Name:___________________________________________________________________
Physical Therapist or PTA:_____________________________________________________

Printed Name                                        Signature