



## Clinical Observation Form

Physical Therapist Assistant Program  
El Paso Community College

**The information on this form is considered confidential.**

Student Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility Type: \_\_\_\_\_

Facility Address: \_\_\_\_\_

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

Name and position of person overseeing student's observation: \_\_\_\_\_

As part of the requirements for application to the Physical Therapist Assistant Program, students are required to spend a minimum of 40 hours of observation in two or more physical therapy settings. A list of approved sites in which EPCC has a current clinical contract with is available on the PTAP webpage on the EPCC website. Students are instructed to call the physical therapy clinic to request permission to observe and to request a specific time that is acceptable for their observation time. The physical therapist or physical therapist assistant who oversees the student's observation time should complete the form and sign. **This form serves as documentation of observation time.** This observation forms must be returned to the ACCE by April 15<sup>th</sup> of the year the applicant is attempting to rank into the PTA program. Thank you for assisting this student in gaining knowledge about the practice of physical therapy.

1. Did this student handle setting up this observation time appropriately?  
(     ) exceptional                      (     ) adequate                      (     ) inadequate
2. Was the student prompt and dependable during the time with you?  
(     ) exceptional                      (     ) adequate                      (     ) inadequate
3. Did the student demonstrate the ability to establish rapport with you and the staff?  
(     ) exceptional                      (     ) adequate                      (     ) inadequate

4. Did the student demonstrate the ability to establish rapport with patients and their families?  
 exceptional                       adequate                       inadequate
5. Did the student appear interested and ask appropriate questions?  
 exceptional                       adequate                       inadequate
6. Did the student demonstrate the ability to assume appropriate responsibility?  
 exceptional                       adequate                       inadequate
7. Was the student's appearance appropriate for the practice setting?  
 exceptional                       adequate                       inadequate
8. Did the student demonstrate understanding of the roles of the PT staff they observed and of the practice setting in which they observed?  
 exceptional                       adequate                       inadequate
9. Did the student demonstrate ability to follow verbal and/or written instructions?  
 exceptional                       adequate                       inadequate
10. Based on the student's behavior in your practice, please rank the student as:  
 An excellent candidate for the PTA program  
 Should be considered for the PTA program  
 A poor candidate for the PTA program

Comments:

Number of **total hours** the student observed at this practice: \_\_\_\_\_

Signature of PT or PTA that supervised student's observation \_\_\_\_\_

Date \_\_\_\_\_ (Required)