

STATEMENT OF OBSERVATION

40 hours of observation in a minimum of four (4) different settings is required. At least four (4) hours each must be spent in: an acute hospital of over 50 beds, a facility with neurologic diagnosis, a primarily outpatient clinic or department and a skilled nursing facility.

The PTA applicant \_\_\_\_\_ has  
(name)  
observed \_\_\_\_\_ hours in physical therapy in: **(Circle one)** (1) outpatient; (2) acute inpatient (over 50 beds);  
(3) skilled nursing facility; (4) neurological inpatient; (5) other; at \_\_\_\_\_  
(facility name)  
in \_\_\_\_\_.  
(location of facility)

\_\_\_\_\_  
(signature of PT or PTA)

1. Student showed interest in procedures and asked appropriate questions.

\_\_\_\_\_ yes, very interested      \_\_\_\_\_ some interest shown      \_\_\_\_\_ no interest shown

2. Student dressed appropriately to work in a health care setting.

\_\_\_\_\_ yes      \_\_\_\_\_ no

3. Student was allowed some hands-on time while observing.

\_\_\_\_\_ yes      \_\_\_\_\_ no      how much? \_\_\_\_\_

If yes, what type of procedures did student assist with? \_\_\_\_\_

4. In your opinion, the student showed promise as a future professional in the physical therapy field.

\_\_\_\_\_ yes, excellent qualities

\_\_\_\_\_ maybe, some good qualities were noted

\_\_\_\_\_ no, would not recommend for this career

5. Comments:

Return to student or mail to:  
Autumn Hoffman, PTA, MS  
Colby Community College  
1255 South Range  
Colby, KS 67701