



## Verification of Physical Therapy Clinical Observation Hours

Applicant's Name \_\_\_\_\_

To better prepare you for entry into the Physical Therapist Assistant program at Southwest Wisconsin Technical College, you are required to complete 32 observation hours in two physical therapy settings. The following requirements will guide you in planning your observation experiences.

### Observation Requirements

- Documentation of a total of 32 hours of observation in physical therapy patient care
  - 16 hours in **two different settings** with **2 different therapists**
- All observation hours must be completed no more than two years prior to application submission
- This form is NOT valid without the licensed physical therapist's (PT) or physical therapist assistant's (PTA) signature whom you observed
- Complete one verification form for each facility (preferably one supervising PT/PTA)

### To Be Filled Out by Applicant:

#### Facility Information

Facility Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*Address City State Zip Code*

Practice Setting  Acute Care/Hospital  Outpatient Clinic  Nursing Home  
 Pediatrics  Home Health  Other \_\_\_\_\_

Dates of Observation: From \_\_\_\_/\_\_\_\_/20\_\_\_\_ to \_\_\_\_/\_\_\_\_/20\_\_\_\_

Total Observation hours under the supervision of licensed PT/PTA at this site: \_\_\_\_\_

**Supervising Physical Therapist / Physical Therapist Assistant Responses:**

Your assistance in providing an objective evaluation of the candidate's performance and ability to undertake the rigorous academic program of physical therapist assistant is appreciated. After completing the following sections of this document and verifying the facility and observation information from page one, please sign, date, and mail to the address indicated below.

Southwest Tech  
Attn: Admissions  
1800 Bronson Blvd.  
Fennimore, WI 53809

Using the 4 point scale below with 4 being exceptional and 1 being below average and 0 being unable to rate, please evaluate the applicant on the following behavioral characteristics.

CHARACTERISTICS	Exceptional (4)	Above Average (3)	Average (2)	Below Average (1)	Unable to Rate (0)
Oral communication skills					
Interpersonal relationships					
Maturity / judgment / common sense					
Initiative / interest in field					
Reliability / timeliness / promptness					
Intellectual potential / quick to learn					
Ability to relate to others					

**\*\*These observation forms are confidential and will be evaluated by the PTA Program Director.**

**\*\*Submitted observation forms will not be returned or reviewed by the student**

Please indicate if you would recommend this applicant to enter the Physical Therapist Assistant Program based on your observations.

- \_\_\_ Recommend without reservation
- \_\_\_ Recommend with reservations
- \_\_\_ Not Recommend

Please specify reasons for Recommend with reservations or Not Recommend

By signing this form, I hereby verify the information on this form is true and accurate.

\_\_\_\_\_  
*Supervising Physical Therapist / Physical Therapist Assistant*

\_\_\_\_\_  
*Date Signed*

Email Address \_\_\_\_\_ PT License # \_\_\_\_\_ State Issued \_\_\_\_\_