

## NTCC PTA Program Student Observer Evaluation

Dear Clinician,

Thank you for allowing this prospective PTA student applicant to observe in your facility as part of their application process. Each applicant is required to complete a minimum of 8 hours observation in each of three different types of physical therapy. We greatly appreciate your honest evaluation of the professional behavior of this applicant. Your score on this form will be taken into consideration in the overall admission process. Only one form is required per facility even if you are able to offer multiple types of physical therapy exposure. Please sign the form at the bottom and return it to the applicant in a sealed envelope with your name across the seal. Only the PTA Program Admissions committee will have access to this completed form. Thank you so much for your valuable assistance.

Please circle your response using the following Likert scale:

	1=strongly disagree	2=disagree	3=agree	4=strongly agree	
1.	The applicant was courteous and professional when contacting you/your facility for this observation experience.	1	2	3	4
2.	The applicant was consistently punctual and arrived as schedule.	1	2	3	4
3.	The applicant was appropriately attentive and demonstrated a commitment to learning about the field (includes inappropriate use of cell phones/ text messaging while observing.)	1	2	3	4
4.	The applicant showed concern and respect for patents/clients being observed.	1	2	3	4
5.	The applicant was appropriately dressed and projected a professional image during this observation.	1	2	3	4
6.	The applicant demonstrated respect for authority and Complied with the decisions of those in authority during this observation.	1	2	3	4

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Clinician name (Printed)                      Clinician Signature                      Facility                      Date