LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
Department of Physical Therapy

Physical Therapist Assistant Observation Verification/Performance Evaluation Form

Instructions: This form is to be completed by a supervising Physical Therapist and will be reviewed as part of our admission process. Applicants are required to observe a minimum of 80 hours in a professional setting (at least 20 hrs Inpatient and at least 20 hrs Outpatient) to be eligible for admission into our program. Thank you for your willingness to promote the practice of Physical Therapy by mentoring our prospective students.

Please send the completed form to: jlevans@llu.edu

Applicant’s Name: _____________________________________

Hours completed: Inpatient _______   Outpatient _______

Facility: ___________________________________________  Department: ___________________________________________

Address: ___________________________________________  Work Phone/Email: ___________________________

Supervising Therapist’s Name Printed: _______________________

Supervising Therapist’s Signature: __________________________________________  Title: _______________________

Please check the appropriate rating boxes below for each item. N/A = Not Applicable or Unable to observe.

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<tr>
<th>TASKS</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Un satisfactory</th>
<th>N/A</th>
<th>COMMENTS</th>
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<tr>
<td>Social skills (staff, clients, families, other disciplines)</td>
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<td>Timeliness/punctuality/time management</td>
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<td>Safety judgment, alertness to environment</td>
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<td>Follows policies and regulations (attire, respect for rules, confidentiality)</td>
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<td>Responds to feedback and modifies behaviors accordingly</td>
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<td>Demonstrates interest in the profession, asks appropriate questions.</td>
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Do you recommend this applicant for admission to the LLU PTA program?  Y   N

Additional Comments:
Applicant Reaction to Physical Therapist Assistant Observation Experience

This form is to be completed by the applicant who is interested in pursuing a degree in the Physical Therapist Assistant Program at Loma Linda University.

Instructions: At the end of your observation experiences, summarize what you learned about the practice of Physical Therapy at this facility. Submit one summary for each facility in which you observe. Please complete this form by filling in the blanks. Mail the completed form to: Loma Linda University, SAHP Admissions Office, NH Rm 1605, Loma Linda, CA 92350, or email completed form to jlevans@llu.edu

Applicant Name: __________________

Facility Name: ___________________________ Date(s) of Observation: __________

Supervising Therapist’s Name: ___________________________ Phone: ___________________________

Type of setting:          Inpatient (Hospital/Skilled Nursing)      Outpatient (Clinic/Office)

Age of clients:       Pediatric  Adult  Geriatric  All Ages

Total hours completed at this facility: Inpatient  Outpatient

In the space below, summarize what you learned about the practice of Physical Therapy at this facility.