

**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](mailto: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.

TASKS	Excellent	Satisfactory	Unsatisfactory	N/A	COMMENTS
Social skills (staff, clients, families, other disciplines)					
Timeliness/punctuality/time management					
Safety judgment, alertness to environment					
Follows policies and regulations (attire, respect for rules, confidentiality)					
Responds to feedback and modifies behaviors accordingly					
Demonstrates interest in the profession, asks appropriate questions.					

Do you recommend this applicant for admission to the LLU PTA program?   Y   N

Additional Comments:

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**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](mailto: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.