

**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. Your evaluation and comments regarding this applicant's performance is very important to us. Thank you for your willingness to promote the practice of Physical Therapy by mentoring our prospective students.

Please send the completed form to: SAHP Admissions Office, NH Rm 1605, Loma Linda University, Loma Linda, CA 92350, or Fax: 909.558.0466

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 Fax: 909.558.0466.

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.