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.

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<thead>
<tr>
<th>TASKS</th>
<th>Excellent</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>N/A</th>
<th>COMMENTS</th>
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<tbody>
<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 filing 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.