KILGORE COLLEGE

PHYSICAL THERAPIST ASSISTANT PROGRAM

Volunteer / Observation Evaluation Form

Applicant Name: _____

Facility: _____

Evaluator Name: _____

Credentials: ☐ PT ☐ PTA

Instructions to Clinician

Thank you for allowing this applicant to observe or work in your facility.

Please evaluate the applicant's professional behavior during the observation/work experience. Circle or check one response for each statement.

Rating Scale

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Applicant Evaluation

Evaluation Statement	1	2	3	4
The applicant was courteous and professional when contacting you/your facility for this observation/work experience.	☐	☐	☐	☐
The applicant was consistently punctual and arrived as scheduled.	☐	☐	☐	☐
The applicant was appropriately attentive and demonstrated a commitment to learning about the field (includes inappropriate use of cell phones/text messaging while observing).	☐	☐	☐	☐
The applicant showed concern and respect for patients/clients being observed or worked with.	☐	☐	☐	☐
The applicant was appropriately dressed and projected a professional image during this observation or work experience.	☐	☐	☐	☐
The applicant demonstrated respect for authority and complied with the decisions of those in authority during this observation or work experience.	☐	☐	☐	☐

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Comments

Please provide additional comments if desired.

Evaluator Certification

I certify that this evaluation reflects my honest assessment of the applicant's conduct during the observation/work experience.

Clinician Signature: _____

Facility: _____

Date: _____

Printed Name: _____

Phone: _____

Return Instructions

Place the completed form in a sealed envelope, sign across the seal, and return it to the applicant.

Only the PTA Admissions Committee will have access to this evaluation.

Points will be deducted if observation forms are completed by any other healthcare provider other than a licensed PT or PTA).

PTA Program Use Only

Reviewer Initials: _____

Points Awarded: _____

Date Reviewed: _____