



Verification of Physical Therapy Clinical Observation Hours

Applicant's Name _____

To better prepare you for entry into the Physical Therapist Assistant program at Southwest Wisconsin Technical College, you are required to complete 40 observation hours in two physical therapy settings. The following requirements will guide you in planning your observation experiences.

Observation Requirements

- Documentation of a total of 40 hours of observation in physical therapy patient care
 - 20 hours in two different settings
- All observation hours must be completed no more than two years prior to application submission
- This form is NOT valid without a licensed physical therapist's (PT) or physical therapist assistant's (PTA) signature
- Complete one verification form for each facility (preferably one supervising PT/PTA)

To Be Filled Out by Applicant:

Facility Information

Facility Name _____ Phone _____

Mailing Address _____
Address City State Zip Code

Practice Setting Acute Care/Hospital Outpatient Clinic Nursing Home
 Pediatrics Home Health Other _____

Dates of Observation: From ____/____/20____ to ____/____/20____

Total Observation hours under the supervision of licensed PT/PTA at this site: _____

Supervising Physical Therapist / Physical Therapist Assistant Responses:

Your assistance in providing an objective evaluation of the candidate's performance and ability to undertake the rigorous academic program of physical therapist assistant is appreciated. After completing the following sections of this document and verifying the facility and observation information from page one, please sign, date, and mail to the address indicated below.

Southwest Tech
Attn: Admissions
1800 Bronson Blvd.
Fennimore, WI 53809

Using the grid below, please evaluate the applicant on the following behavioral characteristics.

CHARACTERISTICS	Exceptional	Above Average	Average	Below Average	Unable to Rate
Oral communication skills					
Interpersonal relationships					
Maturity / judgment / common sense					
Initiative / interest in field					
Reliability / timeliness / promptness					
Intellectual potential / quick to learn					
Ability to relate to others					

Please indicate if you would recommend this applicant to enter the Physical Therapist Assistant Program based on your observations.

____ Recommend without reservation

____ Recommend with reservations

____ Would not recommend

By signing this form, I hereby verify the information on this form is true and accurate.

Supervising Physical Therapist / Physical Therapist Assistant

Date Signed

Email Address _____ PT License # _____ State Issued _____