OBSERVATION WORK SHEET
PHYSICAL THERAPIST ASSISTANT

Applicant instructions: Students must document a minimum of 40 hours of observation in physical therapy. While all 40 hours may be completed in one facility, it is preferred that the observation hours be divided between hospital and nonhospital facilities. However, a minimum of 20 hours must be performed in either an acute care or acute rehabilitation hospital in the inpatient PT department.

This form must be completed by the physical therapist or physical therapist assistant that you observed.

__________________________________________  ____________________________
Applicant’s Name                             Student ID #

This applicant has completed observation hours as follows (please document type and number of hours observed):

_________ Acute Care/Acute Rehab              _________ Home Health

_________ Outpatient                         _________ Pediatric

_________ Skilled Nursing

__________________________________________  ____________________________
Name of Facility                             Phone Number

__________________________________________  ____________________________
In City                                      In State

__________________________________________  ____________________________
PT or PTA (Please Print)                     License #

__________________________________________  ____________________________
Signature                                    Date