

# Kirkwood Physical Therapist Assistant Program

## Clinical Observation Evaluation

Student Name: \_\_\_\_\_ Evaluator Name: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Type: (circle one) IP OP HH/ SNF

Thank you for allowing students to observe physical therapy practice at your facility. Kirkwood's Physical Therapist Assistant program appreciates your time and willingness to be involved with our students.

Please take a moment and complete this evaluation form. Student will provide an envelope for the completed form. Please sign over the seal and return to student. The 24 hour observation experience is a requirement as part of the admission process. The information that you provide regarding the observation experience will be considered in advising students related to admissions.

### **Please circle the best response to the following:**

1. Professional manner utilized when arranging experience

satisfactory    needs improvement    unsatisfactory

2. Arrived on time

satisfactory    needs improvement    unsatisfactory

3. Professional attire

satisfactory    needs improvement    unsatisfactory

4. Level of interest/attitude

satisfactory    needs improvement    unsatisfactory

5. Appropriate interaction with staff and patients

satisfactory    needs improvement    unsatisfactory

6. Please rank your opinion of the students potential for success in a PTA program

strong    fair    poor    undecided

Please write any additional comments on the reverse side of this form. Thank you again for your time. If you have any questions please contact me at 319-398-4991 or by email at Maggie.thomas@kirkwood.edu .