

Instructions for the Observation & Recommendation Form

Instructions for Students – PART I

- Print applicant name and contact information.
- Print clinic site name and contact information.
- Provide beginning date, end date and total observation hours.
- Indicate if Inpatient (patient stays overnight at the facility) or Outpatient (patient travels to clinic site).
- Indicate the patients and/or settings observed providing PT services.
- Sign and date the declarations.
- Provide this form to a licensed PT or PTA for completion of PART II.

Instructions for Clinicians – PART II

- The Observation and Recommendation form must be completed by a licensed PT or PTA.
- The person completing the form should be the person who spent a significant amount of the time with the student.
- Observation and Recommendation forms are not accepted from relatives of the applicant.
- Once the applicant signs the waiver, they are NEVER allowed to see the Observation and Recommendation Form.
- The therapist's honest and forthright responses are essential to the application and selection process.
- Please contact the PTA program office with any questions about either the recommendation process, or the PTA program at KSU.
- **FAX or mail the Observation and Recommendation Form before the application deadline.**

Physical Therapist Assistant Program

Kent State University at Ashtabula
3300 Lake Road West
Ashtabula, OH 44004

FAX: 440-964-4355
Phone: 440-964-4252

Physical Therapist Assistant Program

Kent State University East Liverpool
400 East 4th Street
East Liverpool, OH 43920

FAX: 330-382-7564
Phone: 330-382-7448

Thank You Clinicians:

The time you take to introduce future PTA student to the physical therapy profession is very much appreciated. Your recommendation is used to help determine which applicants are selected for the incoming class in the Physical Therapist Assistant Technology Program at Kent State. We hope this process is enjoyable for you, and rewarding for the applicant. We truly appreciate your honest and candid opinion.

Kent State University Physical Therapist Assistant Program Observation & Recommendation Form

PART I: Completed by Applicant

Applicant Name (print) _____

Phone (____) _____ KSU Email _____

Clinic Site Name _____ PT Dept. Phone (____) _____

Address _____

Observation Dates ___/___/___ to ___/___/___

Total Hours at this Clinic _____

Indicate the Setting Type:

____ Inpatient ____ Outpatient

Applicant Declarations:

- *I am aware that any dishonesty will disqualify my application to PTST technical study.*
- *My signature waives my right to review this completed form.*

| Check all observed PT services. | |
|--|---|
| <input type="checkbox"/> Acute care | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Sub acute care | <input type="checkbox"/> Geriatrics |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Athletes |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Wellness Center |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Work Setting |
| <input type="checkbox"/> Neuromuscular | <input type="checkbox"/> Cardiopulmonary |

Applicant Signature _____ Date _____

PART II: Completed by a LICENSED PT or PTA

Rate the applicant on each of these behavioral characteristics as demonstrated during the observation time. (Please mark one box for each characteristic)

| CHARACTERISTIC | Good | Fair | Poor |
|---|------|------|------|
| 1. Reliability / Accountability | | | |
| 2. Verbal / Non-verbal Communication | | | |
| 3. Interpersonal Skills | | | |
| 4. Inquisitiveness, Motivation & Independence | | | |
| 5. Professionalism, Maturity, Ability to work with others | | | |
| 6. Intellectual Potential, Judgment & Common Sense | | | |

| |
|--|
| <p>Recommendation of this applicant. (Select One)</p> <p><input type="checkbox"/> Highly recommended</p> <p><input type="checkbox"/> Recommended</p> <p><input type="checkbox"/> Recommended with reservation</p> <p><input type="checkbox"/> Not recommended</p> |
|--|

Evaluating Therapist Name (print) _____ Date _____

Signature _____ State & License # _____

FAX directly to KSU PTA Program

**Ashtabula Campus: 440-964-4355
East Liverpool Campus: 330-382-7564**