



UNIVERSITY of ALASKA ANCHORAGE

Physical Therapist Assistant Program Volunteer/Observation Form

Applicant: _____ is seeking admission to the UAA PTA program. Your cooperation in completing and promptly returning this Observation Form will assist both the applicant and PTA program in the admission process.

Please select the appropriate box for your response using the following key:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

	5	4	3	2	1
1. The applicant was courteous and professional in interactions with staff, patients and others.	5	4	3	2	1
2. The applicant was consistently punctual and arrived as scheduled.	5	4	3	2	1
3. The applicant was appropriately attentive and demonstrated a commitment to learning about the field.	5	4	3	2	1
4. The applicant showed concern and respect for patients/clients.	5	4	3	2	1
5. The applicant was appropriately dressed and projected a professional image during this observation or work experience.	5	4	3	2	1
6. The applicant demonstrated respect for authority and complied with instructions given during this observation or work experience.	5	4	3	2	1

Highly Recommend Recommend Uncertain Do not recommend Other

Please provide any comments that would help the admissions committee understand the specific strengths and/or areas of concern that you observed about this student.

Two different volunteer/observation or work experiences are required as part of the application packet. They must total a minimum of thirty (30) hours.

Outpatient settings include: pediatric clinics, school district, wound care, and outpatient clinics.

Inpatient settings include: home health, inpatient rehab centers, skilled nursing facilities, or long term care center.

Volunteer/Observation hours must be under the supervision of a licensed physical therapist or physical therapist assistant. Hours must have been obtained in the last five years. Observation hours can be obtained at multiple clinical sites.

Name & Type of setting:	Hours:	Date/s:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
Clinician Signature	Printed Name/Title	Date

_____	_____	_____
Clinician Signature	Printed Name/Title	Date

_____	_____	_____
Student Signature	Printed Name/Title	Date

Student should make copies of this form for each clinical setting