

Germanna Community College PTA Program Outpatient Observation Evaluation Form

Student to complete top portion (Please write legibly):

Student Name _____ Student ID _____

Facility _____ Total Hours Observed: _____

Observation Dates/Number of Hours: ____/____/____ hrs. ____/____/____ hrs. ____/____/____ hrs.

____/____/____ hrs. ____/____/____ hrs. ____/____/____ hrs. ____/____/____ hrs.

Please circle the patient treatments that you observed during this time:

- | | | | | |
|--|--------------|----------------------|------------|--------|
| Gait training | Amputee | Balance retraining | Pediatrics | Stroke |
| Massage/STM | Wound care | Vestibular treatment | Cancer | Burns |
| Transfers | Brain injury | Spinal cord injury | Ultrasound | E-stim |
| Other physical agents (please describe: _____) | | | | |
| Other treatments (please describe: _____) | | | | |

Supervising Clinician: Please rate the student's performance in each domain by circling the corresponding number:

ATTENTION	0.0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	
	Ignores patient and/or PT/PTA				Average				Active listener/engaged			
COMMUNICATION	0.0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	
	Painfully shy/does not interact				Average				Communicates well			
INTEREST IN PROFESSION	0.0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	
	Non-participative, bored				Average				Helpful, polite, takes initiative			
PROFESSIONALISM	0.0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	
	No show, late, inappropriate dress				Average				Reliable, punctual, appropriate dress			

Clinician perspective on student: I do not recommend this applicant. I recommend with reservations

I recommend this applicant I recommend this applicant highly

Student placement perspective: Would your clinic consider this student a good candidate for clinical education at your facility? Yes No Not at this time

Additional Supervisor Comments:

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This form has been given to you by a student who is planning to apply to the PTA Program at Germanna Community College. It is important that you fill out the form honestly and objectively. Examples of each domain have been provided to help with consistency. The evaluation of performance must be completed by a supervising PT or PTA. Your assessment will contribute up to 25 points toward the student's total admission priority points.

Forms may be returned in any of the following ways:

PREFERRED METHOD: E-mail: From the facility email address, send a scanned copy of the completed form to PTAssistant@germanna.edu. Please put Observation Form in the subject line.

****For hand-delivery or mail, place in a sealed envelope and provide the supervisor's signature over the seal.****

Mail: Christine Wagoner
Nursing and Health Technologies Division Germanna Community College, Room 303
P.O. Box 1430
2130 Germanna Highway
Locust Grove, VA 22508

Hand Delivery: The student may hand-deliver the sealed and signed envelope to PTA Program faculty at the time of final advising or another arranged time.

If you have any questions, feel free to call me at (540) 423-9844 or email twilliams@germanna.edu. If you are interested in providing clinical education affiliations for the Germanna Community College PTA program, please contact Tracey Williams, Director of Clinical Education, at (540) 423-9844 or email twilliams@germanna.edu.

Thank you for your time and assistance in this process. Sincerely,

Tracey F. Williams, M.Ed., PTA
PTA Program Director
Germanna Community College

The Physical Therapist Assistant Program at Germanna Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave, Alexandria, Virginia 22305; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>.