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.

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)

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reliability / Accountability</td>
<td></td>
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<tr>
<td>2. Verbal / Non-verbal Communication</td>
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<tr>
<td>3. Interpersonal Skills</td>
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<tr>
<td>4. Inquisitiveness, Motivation &amp; Independence</td>
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<tr>
<td>5. Professionalism, Maturity, Ability to work with others</td>
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</tr>
</tbody>
</table>

Recommendation of this applicant. (Select One)

☐ Highly recommended
☐ Recommended
☐ Recommended with reservation
☐ Not recommended

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

Check all observed PT services.

__ Acute care __ Pediatrics
__ Sub acute care __ Geriatrics
__ Skilled Nursing __ Athletes
__ Rehabilitation __ Wellness Center
__ Home Health __ School
__ Hospital __ Private Practice
__ Orthopedics __ Work Setting
__ Neuromuscular __ Cardiopulmonary