

**OKLAHOMA CITY COMMUNITY COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM  
OBSERVATION/CLINICAL WORK EXPERIENCE FORM**

**APPLICANTS MUST SUBMIT THIS FORM WITH THE APPLICATION IN ORDER TO OBTAIN PREFERENCE POINTS.**

Applicant Name \_\_\_\_\_ ID# \_\_\_\_\_

I understand that Federal law insures my right to access to this document after enrollment. I also understand that I have the right to hereby waive \_\_\_\_\_ not waive \_\_\_\_\_ this right of access.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MAY ONLY BE COMPLETED BY A LICENSED PHYSICAL THERAPIST**

The purpose of this form is to obtain information about the applicant with regard to behaviors observed while in a clinical environment. While we understand it may be difficult to assess the applicant in a short amount of time, the admissions team will have only written information.

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity have you known the applicant (choose one)?

The applicant has **worked** in a PT clinic/hospital  
\_\_\_\_\_ Please indicate the total # of hrs. worked

The applicant has **observed** in a PT clinic/hospital  
\_\_\_\_\_ Please indicate the total # of hrs. observed

3. Please rate the applicant (0 to 5) based on your observations:

Never	0	1	2	3	4	5	Always	Rating
Applicant arrived promptly.								
Applicant's appearance was neat and appropriate.								
Applicant showed effective listening skills and good interpersonal communication.								
Applicant was attentive and interested; appeared to invest self to reach goals.								
Applicant demonstrated confidence and enthusiasm.								
Applicant demonstrated genuine concern for others including others' feelings and points of view.								
Applicant's questions/comments demonstrated a desire to learn about the PT profession.								

4. How would you rank this student as compared to others you have known who have been accepted into an academic physical therapy program? (Please circle one)

<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Outstanding</b>	<b>Exceptional</b>
<b>59-0%</b>	<b>74-60%</b>	<b>89-75%</b>	<b>98-90%</b>	<b>100-99%</b>

5. How do you recommend this applicant for admission?

\_\_\_\_\_ Recommend with enthusiasm                      \_\_\_\_\_ Recommend  
\_\_\_\_\_ Recommend with reservation                      \_\_\_\_\_ I DO NOT recommend

PT Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ PT License Number \_\_\_\_\_

Position \_\_\_\_\_ Contact Number \_\_\_\_\_

Facility \_\_\_\_\_ Address \_\_\_\_\_

**THANK YOU FOR PARTICIPATING IN THIS IMPORTANT ENDEAVOR!**

