

CLINICAL OBSERVATION DOCUMENTATION
Mississippi Gulf Coast Community College
Physical Therapist Assistant Program
51 Main Street
Perkinston, MS 39573

Name of Applicant: _____

Address: _____

Dear Clinic Supervisor:

The Physical Therapist Assistant Program at Mississippi Gulf Coast Community College requires that applicants complete 40 hours of clinical observation. Documentation of this experience must be received by the Program Director by the application deadline. We sincerely appreciate any assistance you have contributed to the preparation of the above named applicant by providing such an experience. Please complete this form that will become a part of the applicant's admission packet. Thank you!

1. The amount of time the applicant has spent in my department is _____
2. Dates of the experience were from _____ to _____
month/year month/year
3. The primary type of involvement of the applicant was as (choose one)
 - a. volunteer
 - b. employee
 - c. patient or family of patient
4. The type of experience the applicant had (choose as many as apply)
 - a. observation only
 - b. observation with patient interaction
 - c. rehab tech duties
 - d. patient or family of patient
5. This facility can best be described as
 - a. outpatient orthopedic
 - b. inpatient rehab
 - c. aquatics
 - d. pediatrics
 - e. home health
 - f. skilled
 - g. other: _____
6. Please rate your observation of the student:

	Good	Average	Poor	N/O
Engaged with experience				
Motivated to learn				
Communicates well with all				
Dependable				
COMMENTS				

Signature

Date

Printed Name and Title

Facility Name

Address

Daytime Phone Number

City, State Zip

This form must be mailed to:

Program Director, Dr. Eric Shawl
Physical Therapist Assistant Program
51 Main Street
Perkinston, MS 39573

Receipt of this form by the application deadline is required for applicants to be eligible for admission (should be sent by overnight express or hand delivered to Program Director if being sent within a week of the approaching deadline).