

Physical Therapist Assistant Program Hawkeye Community College Pre-admission Observation Hours

The individual who has asked to observe at your facility is interested in applying to the PTA program at Hawkeye. This observation is part of the admission requirements and is arranged by the prospective student. They must have a total of 16 hours with a PT or PTA; 8 hours from an outpatient setting and 8 hours from an inpatient setting. The 8-hour observations can be completed in one or more visits, depending on the facility's preference. Please complete the information below to document that the student has completed the observation requirement and exhibited professional behavior throughout the experience.

Thank you for your assistance with this process. If you have any questions or concerns, please feel free to contact Melissa Schneider, Program Director, with the HCC PTA Program at 319-296-4434 or melissa.schneider@hawkeyecollege.edu.

Name of Observer (STUDENT NAME): _____

Observation 1

Facility Name: _____ Location/City: _____

Facility Type/Observation **setting**:

Acute IP OP Clinic Home Health Skilled Rehab Center Other: _____

Professionalism for Observation 1: (licensed clinician to circle yes or no)

Was the student dressed professionally? Yes or No

Was the student engaged in the job shadowing experience? Yes or No

Did the student act in an appropriate manner when scheduling the experience? Yes or No

Did the student arrive and leave the experience punctually? Yes or No

If answered "no" to any of the questions please explain: _____

PT/PTA Signature:

I verify that I am a PT or PTA and the above-named individual observed with me for a total of 8 hours.

Clinician Name: _____ Clinician License #: _____

Clinician Signature: _____ Date: _____

Observation 2

Facility Name: _____ Location/City: _____

Facility Type/Observation **setting**:

Acute IP OP Clinic Home Health Skilled Rehab Center Other: _____

Professionalism for Observation 2: (licensed clinician to circle yes or no)

Was the student dressed professionally? Yes or No

Was the student engaged in the job shadowing experience? Yes or No

Did the student act in an appropriate manner when scheduling the experience? Yes or No

Did the student arrive and leave the experience punctually? Yes or No

If answered "no" to any of the questions please explain: _____

PT/PTA Signature:

I verify that I am a PT or PTA and the above-named individual observed with me for a total of 8 hours.

Clinician Name: _____ Clinician License #: _____

Clinician Signature: _____ Date: _____

The licensed PT/PTA should sign where noted above upon completion. The student will return the form to the HCC PTA program by December 1st, to Melissa Schneider, HESC 228C, melissa.schneider@hawkeyecollege.edu.