

**MURRAY STATE COLLEGE**  
**Physical Therapist Assistant Program**  
**Clinical Observation Record**

Student Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility Phone #: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Name of PT or PTA being observed: \_\_\_\_\_ License #: \_\_\_\_\_

The MSC PTA program appreciates the willingness of the clinician (PT or PTA) who allows the prospective PTA student to observe. The purpose of clinical observation is to introduce the potential applicant to the Physical Therapy profession and to allow the clinician (PT or PTA who was observed) an opportunity to provide feedback to the program related to their opinion of the applicant while they were in the facility. After each observation, the applicant should be better able to verbalize their reason for wanting to become a Physical Therapist Assistant.

Each applicant can earn a total of 16 points if they observe for a total of 48 hours. Additional observation over 48 hours may be beneficial to help the student decide, but does not result in additional points. The initial 16 hours are required and the applicant receives no points. After the initial 16 hours, the applicant earns 1 point per 2 hours of observation. To encourage a variety of experiences, the applicant can observe each PT or PTA for a maximum of 16 hours and those hours can all be documented on one of these forms. Applicants are encouraged to observe in more than one facility type.

***This form is to be completed by the PT or PTA who was observed and returned to the PTA Program from the facility rather than given back to the applicant.***

**Please check the following related to the applicant's observation while at your facility:  
The applicant . . .**

- Arrived promptly for observation and stayed the agreed-upon amount of time.
- Was neat & appropriate in their appearance and behavior.
- Showed effective listening skills & good verbal communication.
- Observed attentively and with interest.
- Showed confidence & enthusiasm through their behavior.
- Asked questions & gave comments that indicated an attempt to learn about Physical Therapy.

*I recommend this student for consideration by the MSC-PTA program: Yes No*  
Circle One

**COMMENTS:** *If you desire, you may provide specific comments.*

**Total amount of hours observed:** \_\_\_\_\_ **Date(s) of Observation:** \_\_\_\_\_

**CLINICIAN SIGNATURE:** \_\_\_\_\_ Circle One  
PT or PTA

**CLINICIAN NAME (Print):** \_\_\_\_\_

**Please return the form to the program by**

- SCANNED** attachment to an email to [syoung@mscok.edu](mailto:syoung@mscok.edu) or
- FAX** to (580) 387-7179 or
- Regular Mail** to the program address.

Program Address:  
Murray State College - PTA Program  
One Murray Campus HS #100  
Tishomingo, OK 73460  
(580) 877-7440