

LAREDO COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
5500 South Zapata Highway, Laredo, TX 78046
Phone (956) 721-5261 Fax (956) 721-5431
E-mail: PTA@laredo.edu

1

Dear Clinician:

Thank you for allowing the prospective PTA applicant to volunteer/observe in your facility. The applicant is required to obtain at least **20** hours of volunteer or observation time in a physical therapy setting. Following the volunteer/observation experience, a physical therapist or physical therapist assistant will be asked to complete an evaluation form.

While the volunteer is at your facility, it would be greatly appreciated if the clinician would:

- Explain the difference between the PT and PTA
- Have the volunteer observe an evaluation
- Have the volunteer observe different physical therapy interventions
- Have the volunteer observe patient-therapist interactions
- Allow the volunteer to assist with basic departmental duties (i.e. cleaning, filing, etc)
- Encourage questions
- Complete and submit the observation evaluation form

Your involvement with the prospective PTA applicant is greatly appreciated.

Sincerely,

Esmeralda Vargas, PT, DPT, MS
Professor of PTA and Program Director
Laredo College

PTA APPLICANT VOLUNTEER/ OBSERVATION EVALUATION

Thank you for taking the time to allow the PTA applicant to observe physical therapy in your facility's clinical setting. Your objective assessment of this PTA applicant is valuable to us. Based on the list of ten generic abilities presented in this form, please rate this PTA applicant on a scale of 0 to 4, as described below, for each ability as you observed in the clinical setting.

4 = Excellent 3 = Good 2 = Fair
 1 = Poor 0 = Unacceptable NA = Not able to observe

The PTA applicant demonstrated:

Level of Interest	4	3	2	1	0	NA
Interpersonal Skills	4	3	2	1	0	NA
Communication Skills	4	3	2	1	0	NA
Effective Use of Time and Resources	4	3	2	1	0	NA
Use of Constructive Feedback	4	3	2	1	0	NA
Problem-Solving	4	3	2	1	0	NA
Professionalism	4	3	2	1	0	NA
Responsibility	4	3	2	1	0	NA
Critical Thinking	4	3	2	1	0	NA
Stress Management	4	3	2	1	0	NA
TOTAL POINTS						

Additional Comments: _____

Name of PTA Applicant: _____

Dates of Volunteering: _____

Total Observation Hours Completed: _____

Facility: Name: _____
 Address: _____
 Phone: _____

Supervising PT/PTA: _____
 (Please Print Name)

License Number: _____

Signature of Supervising PT/PTA: _____

**Please complete the observation evaluation form online through the portal by the
 2nd Thursday in May. Emailed forms will NOT be accepted.**

PTA Applicant Volunteer/Observation Contact Hours Log Sheet

PTA Applicant Name: _____

Facility Name: _____

Date	Facility	Time In	Time Out	Contact Hours	PT/PTA Signature
Total Contact Hours:					

By signing this form, I confirm that the applicant completed the volunteer observation hours noted in the observation log. _____