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:
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<tr>
<th></th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>N/O</th>
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<tbody>
<tr>
<td>Engaged with experience</td>
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<td>Motivated to learn</td>
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<td>Communicates well with all</td>
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<td>Dependable</td>
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<td>COMMENTS</td>
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_________________________________  ________________________________
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).