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

Name o	of Applicant:	·
Addres	s:	
Dear Cl	linic Supervi	sor:
applica receive you hav	nts completed by the Prove contribut	pist Assistant Program at Mississippi Gulf Coast Community College requires that e 40 hours of clinical observation. Documentation of this experience must be ogram Director by the application deadline. We sincerely appreciate any assistance ed to the preparation of the above named applicant by providing such an experience is form that will become a part of the applicant's admission packet. Thank you!
1.	The amour	at of time the applicant has spent in my department is
2.	Dates of th	e experience were from to month/year month/year
3.	a.	y type of involvement of the applicant was as (choose one) volunteer employee patient or family of patient
4.	a. b. c.	f experience the applicant had (choose as many as apply) observation only observation with patient interaction rehab tech duties patient or family of patient
5.	•	can best be described as outpatient orthopedic inpatient rehab aquatics pediatrics home health skilled 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
	

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).