

Radford University Physical Therapy Clinical Observation Form

Student Name _____ Dates of Attendance _____

Hours Completed _____

Facility Name _____

Facility Address City State Zip Code _____

Type of Setting (please circle):

Acute Sub-Acute Pediatric Home Care Outpatient Rehab Hospital Long-Term Care
---Other

Types of Clinical Behaviors Observed:

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>
1. Physical Appearance	1	2	3	4
2. Professional Behavior	1	2	3	4
3. Timeliness	1	2	3	4
4. Ability to Communicate	1	2	3	4

Additional Comments:

Radford University's Division of Physical Therapy would like to thank you for your time and dedication to the profession, and our students.

Supervising Therapist's Signature _____ Date _____

TO THE STUDENT – *You are required to complete 40 volunteer hours. It is recommended that volunteer hours be distributed over a variety clinical setting to gain a better understanding of the field of physical therapy. Please send this completed form along with your application and send it to the Office of Graduate Admissions Radford University*