

DOCUMENTATION OF PHYSICAL THERAPY OBSERVATION

This form may be used to document three or more physical therapy observation experiences.

Date	Facility including Address	Types of Patient	Name of PT/PTA Observed Diagnoses
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____

Other comments (optional):

Applicant Signature: _____