

**DOCTOR OF PHYSICAL THERAPY (DPT) PROGRAM**

**DOCUMENTATION OF OBSERVATION FORM**

**Applicants:** Supervising clinicians must complete this form and return to the University at this address:

*Franciscan Missionaries of Our Lady University*

*SCHOOL OF HEALTH PROFESSIONS*

*7443 Picardy Avenue*

*Baton Rouge, Louisiana 70808*

*Attention: Amanda Robichaux, Academic Support Coordinator*

*Department of Physical Therapy*

1. **APPLICANT IDENTIFYING INFORMATION**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date MM/DD/YY: \_\_\_\_/\_\_\_\_/\_\_\_

Mailing Address: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (W): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell(c): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Observational Experience Details**

Observation Experience Start Date: End (anticipated) Date:

If you worked as a PTA, physical therapy aide, athletic trainer, or other type of employee at this facility, select "Paid." If you were a paid employee at the facility and also accumulated unpaid PT observation experiences, select "Both." All others should select "Volunteer."

Paid Volunteer Both

**Setting and Hours of Experience:** Check and enter hours for all settings that apply to your experience in this facility. An inpatient facility generally admits patients overnight. An outpatient facility has no overnight patients. Enter the number of hours completed and the number of hours planned or in-progress for each setting.

|  |  |  |
| --- | --- | --- |
| Setting | Hours Completed | Hours Planned/In-progress |
| Acute Care Hospital |  |  |
| Rehabilitation/Subacute Rehabilitation Facility |  |  |
| Extended Care Facility/Nursing Home/Skilled Nursing Facility |  |  |
| Free-standing Physical Therapy or Hospital Outpatient Clinic |  |  |
| School/Preschool |  |  |
| Wellness/Prevention/Fitness |  |  |
| Industrial/Occupational Health |  |  |
| Home Health |  |  |

1. **FACILITY / PHYSICAL THERAPIST IDENTIFYING INFORMATION (***to be completed by an the observing PT)*

Facility Name: PT Name:

PT License Number: State of License: PT Email:

Facility Mailing Address (Number & Street): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish/County: \_\_\_\_\_\_\_\_\_\_

1. **Applicant Evaluation.** Please indicate your evaluation of the applicant in comparison to others you have known in the same capacity. ***This section must be completed by an observing PT.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 5  Superior | 4  Above Average | 3  Average | 2  Below Average | 1  Inferior | 0  Not Observed |
| Intellectual Ability |  |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |  |
| Emotional Maturity |  |  |  |  |  |  |
| Adaptability/Flexibility |  |  |  |  |  |  |
| Dependability / Responsibility |  |  |  |  |  |  |
| Conflict Resolution |  |  |  |  |  |  |
| Interaction with Others |  |  |  |  |  |  |
| Awareness of Limitations |  |  |  |  |  |  |
| Reactions to Criticism |  |  |  |  |  |  |
| Overall Evaluation |  |  |  |  |  |  |

Please comment on the applicant’s motivation and suitability for a role as a physical therapist.

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PT Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective May 2, 2018, Franciscan Missionaries of Our Lady University has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org). If needing to contact the program/institution directly, please call (225) 768-1792 or email [dpt@franu.edu](mailto:dpt@franu.edu). Candidate for Accreditation is a pre-accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates that the program is progressing toward accreditation and may matriculate students in technical/professional courses. Candidate for Accreditation is not an accreditation status nor does it assure eventual accreditation.