Career Development & Exploration

Physical Therapy Student Observation Documentation

To be Completed by Student

Student Name: _____

Name of Facility: _____

Street Address for Facility: _____

City: _____ State: _____ Zip Code: _____

Physical Therapist Name: _____

PT Email Address: _____ PT Phone: _____

Paid or Volunteer Experience: Paid ☐ Volunteer ☐ Both ☐

Type of PT Setting: (Please check all that apply)

- ☐ Acute Care
- ☐ Rehab/Sub Acute Rehab
- ☐ Extended Care Facility/Nursing Home/ Skilled Nursing Facility
- ☐ Outpatient Clinic (private practice)
- ☐ School/Pre-school
- ☐ Wellness/Prevention/Fitness
- ☐ Industrial/Occupational Health
- ☐ Other (describe):

PT Specialty Area(s) Observed and Hours of Experience:

- ☐ Cardiovascular & Pulmonary Hours: _____
- ☐ Clinical Electrophysiology Hours: _____
- ☐ Geriatrics Hours: _____
- ☐ Neurology Hours: _____
- ☐ Other (describe): _____ Hours: _____
- ☐ Orthopedics Hours: _____
- ☐ Pediatrics Hours: _____
- ☐ Sports Hours: _____
- ☐ Women's Health Hours: _____

TOTAL HOURS AT THIS SETTING _____

To be Completed by PT

Signature of Supervising PT: _____ Date: _____

PT License Number: _____ State: _____

Leave blank, if unknown

* These hours are in preparation for application to Physical Therapy Doctorate Programs. Cleveland State University's Doctor of Physical Therapy Program does not require these forms. If there are any questions or concerns, please contact Career Development & Exploration at 216-687-2233 or careers@csuohio.edu. Please make as many copies of this form as necessary to record your observation/volunteer/paid work hours. Use one form for each practice setting or population.