



Doctor of Physical Therapy (DPT) Clinical Observation Sheet

(Return this form to The Sage Colleges, Department of Physical Therapy, 65 1st Street, Troy, NY 12180)

The DPT Program requires that each of our Physical Therapy students observe or assist as a volunteer under a licensed Physical Therapist for a minimum of 40 hours. We believe that this time helps provide them with a realistic perspective of the clinical aspects of therapy that is essential to their academic success. Please have the licensed Physical therapist complete this form and the rating scale and return it to The Sage Colleges, Physical Therapy Department 65 1st Street, Troy NY 12180. These hours must be completed by December 1st of the Fall semester in the year you are planning to enter the program.

Student Name _____

Facility Name _____

Facility Address _____

Total hours spent at your facility _____ In what capacity?

Observation _____

Volunteer _____

Other (explain) _____

Please rate the student in each of the following areas:

	1 Below average					2 Average					3 Above average					4 Superior					U Unable to judge				
Relates to patients	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u
Relates to staff	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u
Accepts direction	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u
Carries out instruction	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u
Verbal communication	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u
Written communication	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u
Grasp theoretical concepts	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u	1	2	3	4	u

Additional comments:

Please identify (on reverse side) qualities of this student that you believe will help the student successfully complete the DPT Program at Sage,

Licensed PT Signature _____ Date _____

Licensed PT Name (please print) _____

Institution Department _____

Title _____

Email _____ Phone _____