

SUNY Canton College of Technology
Physical Therapist Assistant Program Observation Experience Form

Applicant's Name: _____ **Facility Name:** _____

Applicant: Please complete the above information, sign the waiver below to release this information, and give this form to the PT or PTA who supervised your observation/work experience in physical therapy.

WAIVER: Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) signed into law on December 31, 1974, I the undersigned, **DO** ___ **DO NOT** ___ waive my right for access to inspect and review this letter of recommendation.

Signature _____ **Date** _____

Supervising PT/or PTA: We appreciate your completion of this form and candid assessment of this candidate seeking admission to SUNY Canton's Physical Therapist Assistant program. Please submit directly to the admissions department as indicated at the bottom of the form.

Dates attended: _____

Total # hours completed: _____

Please rate the student in the following areas based on your interaction with them:

	Excellent	Very Good	Good	Fair	Poor
Punctual					
Presents self in professional manner					
Appears interested and engaged					
Demonstrates appropriate communication					

COMMENTS:

Name/Address of Facility: _____

Telephone # _____ E-Mail Address (optional): _____

Name of employee/employer verifying applicant's experience: _____

Signature _____ Title _____

Please Return this Form to: SUNY Canton Office of Admissions
Email: admissions@canton.edu
Fax: (315) 386-7929
Mail: Office of Admissions
 SUNY Canton College of Technology
 34 Cornell Drive
 Canton, New York 13617