Cleveland State University
College of Sciences and Health Professions

College of Sciences and Health Professions
Pre-Professional Health Programs
https://www.csuohio.edu/sciences/pre-professional-programs

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 _____

PT Settings:

_____ 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:_____

_____Orthopedics Hours:_____

_____Pediatrics Hours:_____

_____Sports Hours:_____

_____Women's Health Hours:_____

_____Other (describe):_____

_____ 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 the Office of Pre-Professional Health Programs at 216-687-9321 or coshpadvising@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.