



WYTHEVILLE COMMUNITY COLLEGE

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Web Address: <http://www.wcc.vccs.edu> • Email Address: admissions@wcc.vccs.edu

PHYSICAL THERAPY ASSISTANT PROGRAM (Please return completed form to the email or mailing address above)

I verify that _____ has visited the Physical Therapy
(Name of Student)

Department of _____ on
(Name of Institution)

_____ for a total time of
(Date or Dates)

_____ (12 hours required).
(Number of Hours)

Signature of Student

Signature of Supervisor

Please Rate Student Below:

	High Score				Low Score
Attitude	5	4	3	2	1
Interest	5	4	3	2	1
Initiative	5	4	3	2	1
Appearance	5	4	3	2	1

Values of 5 indicate that the prospective applicant demonstrates active engagement in the shadowing experience by attentiveness, appropriate questions and observations, appropriate interaction with patients/clients, taking full initiative in setting up and following through with shadowing experience, and by being appropriately clothed with professional, neat attire and shoes. Values of 2 or 1 indicate that the prospective applicant was not engaged in the shadowing experience, simply showed up and paid little attention to the physical therapy activities or was distracted by other activities, asked no questions or made no observations or made inappropriate comments or questions, interacted inappropriately or not at all with patients/clients, required much assistance with setting up and following through with the shadowing experience, and wore inappropriately casual clothing and/or footwear. Use of personal cell phone for non-emergency reasons during the shadowing experience would qualify for a (1) rating in Interest. **Applicants receiving low ratings of their degree of engagement in the shadowing experience should strongly consider repeating the experience at another physical therapy facility with improved performance.**