Dear Physical Therapist,

[Name] has worked/volunteered at your facility. We require prospective student PTA’s to complete at least 40 hours of exposure to the field under the direction of a licensed physical therapist or physical therapist assistant so that they may gain insight into the profession.

We anticipate that through this experience they may:
- become aware of a physical therapist’s day-to-day work and responsibilities in that environment,
- have an opportunity to interact with a practicing PT/PTA to learn more about the profession, such as:
  - the breadth of practice available in the field,
  - the different environments (hospital, clinic, home health, etc.) which provide physical therapy services,
  - the age range of patients encountered,
  - the types of conditions treated with physical therapy,
  - the emotional and professional demands of the profession,
- have an opportunity to demonstrate their interest in the profession by seeking out relevant information,
- have an opportunity to interact at an appropriate level with professionals and patients.

We would like you to provide brief insight into the above applicant’s performance under your supervision. Along with other information, this will be used to help select the best qualified persons for admission to the PTA program at Lone Star College-Montgomery.

Please answer the question on this form at an appropriate level on the scale. Please be aware that “5/6” on the scale indicates average performance. Provided the applicant has waived the right to see this evaluation, all responses will be kept confidential.

When completed, please mail this form directly to us at the address below. Please sign across the seal of the envelope to ensure authenticity if the applicant intends on hand delivery to the college. This form must be received in the Natural Sciences & Health Professions Division Office no later than May 20, 2016. If this form is not received by this deadline, the applicant’s file will not be considered for admission to the PTA program.

LONE STAR COLLEGE-MONTGOMERY
Division of Natural Sciences & Health Professions
Attn: Physical Therapist Assistant Program
3200 College Park Drive
Building B, Suite B120
Conroe, TX 77384-4077
936.273.7030

Thank you for taking the time to complete this form and for your support of our PTA program. Please call me at 936.273.7470 or e-mail at renee.m.pruitt@lonestar.edu if you have any questions or concerns.

Sincerely,

Dr. Renee Pruitt PT, MHA, DPT
Director, Physical Therapist Assistant Program
WAIVER OF RIGHT TO EXAMINE

Please indicate your preference below:

I, __________, waive my right to see this performance assessment form once
(name of applicant)
completed and understand that the comments and evaluations made on this form will not be available to me.

_________________________________________  ____________________________
Applicant’s Signature  Date

OR

I, __________, do not waive my right to see this performance assessment
(name of applicant)
form once completed.

_________________________________________  ____________________________
Applicant’s Signature  Date

REFERENCE FOR APPLICANT FOR ADMISSION TO PTA PROGRAM

Name of Applicant ____________________________________________________________

Facility Name _______________________________________________________________

Address ________________________________________________________________

Number & Street

_________________________________________  ____________________________
Phone Number  City / State / ZIP

_________________________________________  ____________________________
Area Code / Number

Supervising PT/PTA _______________ PT/PTA License # __________ State ______

(please print)

This applicant has (please check):

worked (____) or volunteered (____) under my supervision for _________ hours

Scale:  1=exceptionally low performance
       5-6=average
       10=exceptionally high performance

Overall Opinion:

How do you perceive this person’s preparedness as an applicant to the PTA program?

Scale:  1  2  3  4  5  6  7  8  9  10

_________________________________________  ____________________________
Signature  Date

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