

Division of Health Sciences  
Physical Therapist Assistant Program  
Observation Form  
MUST ATTACH OBSERVATION FORM TO APPLICATION

Thank you for providing the Mott Community College pre-physical therapist assistant student the opportunity to observe physical therapy at your facility.

Please verify that the student has completed at least eight (8) hours of physical therapy observation. We encourage the student to observe more than eight hours if they wish.

Thank you.  
ANAR GURU, 810-762-5021  
Physical Therapist Assistant Program Coordinator  
Mott Community College

Student's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's ID: \_\_\_\_\_

Student's email: \_\_\_\_\_

Physical Therapist Signature: \_\_\_\_\_

Or  
Physical Therapist Assistant Signature: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Dates/Times of Observation: \_\_\_\_\_