

**CLINICAL EXPERIENCE FORM
HUNTER COLLEGE - PHYSICAL THERAPY PROGRAM**

PRINT NAME: _____ ADDRESS: _____

I do ___ do not ___ waive all rights to see or review the reference submitted by _____.

Signature: _____

TO: CLINICAL PHYSICAL THERAPIST:

The above named person is applying for admission to the Physical Therapy Program of Hunter College. We require each applicant to have had a minimum of 100 hours exposure to the profession through volunteer or paid work. We would greatly appreciate your impressions of this person's performance in your clinical setting. We are grateful for your input and assure you that the information will be kept confidential if the above waiver is signed. **An incomplete form is not acceptable and may deny admission of this applicant.**

The above: _____ Visited for Observation Only....Date(s) _____
_____ Worked or Volunteered (please circle one) from _____ to _____

TOTAL NUMBER OF HOURS: _____

Experiences: _____

The applicant demonstrated the following:

ABILITY	EXCELLENT	GOOD	FAIR	POOR	ABILITY	EXCELLENT	GOOD	FAIR	POOR
RELATES TO STAFF					RELIABLE/ DEPENDABLE				
RELATES TO PATIENTS					VERBAL ABILITY				
MATURITY					WRITTEN ABILITY				
CARRIES OUT INSTRUCTION					GRASPS THEORETICAL CONCEPTS				
JUDGMENT					APPEARANCE				
ACCEPTS DIRECTION					PROFESSIONAL POTENTIAL				

COMMENTS: _____

SUPERVISOR'S NAME: (PRINT) _____ TITLE: _____

FACILITY NAME: _____

ADDRESS: _____

TYPE OF FACILITY (CHECK ONE OR INDICATE): ACUTE CARE HOSPITAL _____
PRIVATE PRACTICE _____ OTHER: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

PLEASE RETURN TO: Applicant in a sealed envelope **Deadline is NOVEMBER. 1st.**