

CLINICAL EXPERIENCE FORM
HUNTER COLLEGE/COLLEGE OF STATEN ISLAND/GRADUATE CENTER OF CUNY
PHYSICAL THERAPY PROGRAM

NAME: _____ ADDRESS: _____
 SS#: _____

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 Nov. 1ST.