The University of South Dakota.
SCHOOL OF HEALTH SCIENCES
PHYSICAL THERAPY

USD Physical Therapy Department

Optional Worksheet to Track Volunteer/Work Experience Observation in PT

You may use this worksheet as a method for tracking hours, site information and supervising PT.
You will enter your 50 required observation hours in detail on the PTCAS application.

Name_____

Please use the key provided below to track the type(s) of setting(s) in which you have observed.

1. **Pediatrics**
2. **Outpatient Orthopedics**
3. **Outpatient Sports Medicine**
4. **Cardiopulmonary**
5. **General Outpatient**
6. **Inpatient Hospital**
7. **Acute**
8. **Home Health**
9. **Long Term Care Rehab/Subacute**
10. **Skilled Nursing Facility/Nursing Home**
11. **Rural**
12. **Other (Please Specify)**

DATES	*NAME OF FACILITY*	*CITY/STATE*	*NAME OF SUPERVISING P.T.*	*TYPE OF SETTING(S)*	*NUMBER OF HOURS*

Total Hours _____

Updated 9/2009