Penn State Hazleton
Physical Therapist Assistant Program

Documentation for Observation Hours

Name of Facility:_____

Student Name:_____

Date	Time In	Time Out
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Observer:_____

Student's Signature:_____**Date:**_____