Volunteer Observation Request

Laurel Ridge Community College
Physical Therapist Assistant Program
200 College Dr, Luray, VA 22835

Dear [Clinic Director or Clinical Coordinator],
On behalf of the Laurel Ridge Community College Physical Therapist Assistant (PTA) Program, I would like to extend our sincere appreciation for your role in supporting future healthcare professionals. We are writing to introduce our program and to respectfully request your consideration in allowing our prospective or pre-program students to complete **20 hours of volunteer experience** at your facility.
As you know, observation in a physical therapy setting provides valuable early exposure to the profession and helps students understand the scope of care provided by PTs and PTAs in various clinical environments. These experiences are essential not only for admissions preparation but also for helping students confirm their passion for the field of physical therapy.
We value the partnership between clinical sites and educational programs like ours and hope to work closely with you to cultivate well-prepared, compassionate physical therapist assistants.
Thank you for your time and consideration. Please don't hesitate to contact us with any questions or if you need additional information.

Warm regards,
Dr. Rekha Parameswaran, PT, DPT

Program Director & Faculty – PTA Program
Laurel Ridge Community College
Email: rparameswaran@laurelridge.edu
Phone: 540 843 0798

Volunteer Observation Form

To be completed by the supervising PT or PTA

Please evaluate the PTA program applicant based on your observation of their behavior, attitude, and professionalism during their volunteer or observation experience at your facility.
Return this completed form to: PTAssistant@LaurelRidge.edu

Applicant Name: _____
Dates of Observation/Volunteer Work: _____
Total Hours Completed: _____
Facility Name: _____
Supervisor Name (print): _____
Supervisor Title (PT/PTA): _____
Email / Phone: _____

Performance Rating
Please rate the applicant in the following areas using this scale:

Rating Scale	Description
5 – Excellent	Consistently above expectations
4 – Good	Frequently above expectations
3 – Satisfactory	Meets expectations
2 – Needs Improvement	Occasionally below expectations
1 – Unsatisfactory	Consistently below expectations

Category	Rating (1–5)	Comments (Optional)
Punctuality and Attendance		
Professional Appearance		
Respect for Patients and Staff		
Willingness to Learn		
Communication Skills		
Ability to Follow Instructions		
Engagement and Interest in the profession		
Overall Impression		

Would you recommend this individual for consideration in the Laurel Ridge PTA Program?
☐ Yes ☐ No ☐ With Reservations (please explain below)
Additional Comments (optional):

Supervisor Signature: _____ **Name (Please Print):** _____

License #: _____ **Date:** _____