

PENNSYLVANIA COLLEGE OF TECHNOLOGY
PHYSICAL THERAPIST ASSISTANT PROGRAM
LEARNING CONTRACT

Student: _____

Clinical Experience: I IA IIB

Clinical Experience Site: _____

Type of Experience: Acute OPT Long Term Care Other _____

AREAS TO DEVELOP List areas to address using examples as needed
GOALS /TIME FRAME
PLAN

Student Signature: _____ Date _____

Clinical Instructor Signature: _____ Date _____

Clinical Director Signature: _____ Date _____

