

**LOUISIANA COLLEGE**  
Associate of Science  
Physical Therapist Assistant

**Observation Time Sheet**

Location: \_\_\_\_\_ Contact number \_\_\_\_\_ (30 hours required)

Date	Time In	Time Out	Signature

Location: \_\_\_\_\_ Contact number \_\_\_\_\_ (30 hours required)

Date	Time In	Time Out	Signature

Total Observational Hours: \_\_\_\_\_