

Student Log of Clinical Visits

Clarke University Dubuque, Iowa 52001

Student Name: _____

Clinic Name, Address, and Phone Numbers:

Therapist Name(s): _____

Dates of visitation: _____

Number of hours observed in clinic: _____

Clinical Area(s) in physical therapy (acute care, rehabilitation, geriatrics, pediatrics, etc):

Student experiences and comments on how this has helped in your decision to pursue physical therapy as a career choice:

Therapist comments regarding student involvement:

Student Signature

Therapist Signature