

**PENNSYLVANIA COLLEGE OF TECHNOLOGY
PHYSICAL THERAPIST ASSISTANT PROGRAM
CLINICAL EDUCATION GOALS AND LEARNING CONTRACT**

Student: _____

Clinical Experience: I IIA IIB

Clinical Experience Site: _____

Type of Experience: Acute OPT Long Term Care Other _____

Complete this section prior to start date of your experience.

List goals you wish to achieve during this clinical experience:

Complete this section upon completion of your clinical experience:

Did you achieve the goals you set prior to starting this experience? Why? Why not?

Complete this section only if you have an area that you need to develop more or are struggling with.

AREA(S) TO DEVELOP List areas to address using examples as needed

GOALS/TIME FRAME

PLAN