

**SEMINOLE COMMUNITY COLLEGE  
PHYSICAL THERAPIST ASSISTANT PROGRAM  
SURVEY**

Dear Student:

Many students who have had math/science courses are interested in a healthcare field in which they may feel of vital importance in the recovery and restoration of **quality** of life to a patient. If you feel this way, SCC's Physical Therapist Assistant Program may be your direction.

You may have already completed some of the pre-requisite courses for the program. Please take a moment to complete this survey if you would like to discuss the possibility of this program further. Please place an **X** next to the statement that most accurately reflects your current status.

Date: \_\_\_\_\_

**I. Pre-requisites**

I have completed the following pre-requisites with a grade C or above.

Name Of College

\_\_\_\_ English I

\_\_\_\_\_

\_\_\_\_ English II

\_\_\_\_\_

\_\_\_\_ Humanities

\_\_\_\_\_

\_\_\_\_ Psychology or \_\_\_\_ Sociology

\_\_\_\_\_

\_\_\_\_ Anatomy & Physiology I

\_\_\_\_\_

\_\_\_\_ Anatomy & Physiology II

\_\_\_\_\_

\_\_\_\_ College Algebra or a higher level MAC or MAP  
prefix level math course

\_\_\_\_\_

**II. Observation/ Work/ Volunteer Hours in a Physical Therapy Dept.**

\_\_\_\_ I do have some recent observation hours totaling \_\_\_\_ hours at \_\_\_\_ amount of sites

\_\_\_\_ I do not have any recent observation hours, but am willing to obtain at least 20 in more than one physical therapy department.

**III. Student Information**

Name: \_\_\_\_\_ SCC Student ID# \_\_\_\_\_

Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

---

Thank you for your time and attention. Please return the survey to:

Attn: Health Career Programs/ Rm. A106  
Seminole Community College  
850 South State Road 434  
Altamonte Springs, FL 32714