

AAS Physical Therapist Assistant Recommendation Form (Page 1 of 2)

Section I: Must be completed by applicant

Applicant's Name: _____

Applicant's Street: _____

City: _____ State: _____ Zip Code: _____

The Family Educational Rights and Privacy Act (FERPA) allows a candidate to waive his/her rights of access to recommendations written on his/her behalf if the recommendation is used solely for the purpose of admission. You are not required to waive access. Under legislation, you have the option of signing a waiver.

Choose one and initial: _____ I waive my right of access to this recommendation.

_____ I do not waive my right of access to this recommendation.

Applicant's Signature:

(print your full name as your signature)

Date:

Section II: Must be completed by applicant's instructor or employer.

Please proceed ONLY if Section I has been completed and signed by the applicant.

The above individual is applying for admission to the Physical Therapist Assistant (PTA) Program. The PTA Program requires the completion of two recommendation forms. One must be completed by a college-level instructor of the applicant, and the other must be completed by an employer of the applicant. Recommendation forms completed by friends or relatives of the applicant are unacceptable. Please rate the applicant on the following characteristics by checking the appropriate boxes. The point level is indicated in each box from 4 (Excellent) to 1 (Poor).

Name of Person Completing this Form: _____

Title: _____

Institution or Company: _____

Address: _____

Phone: _____

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Criteria	4 Excellent	3 Good	2 Fair	1 Poor	Unable to Assess
Instructor: Academic Ability Employer: Job Skills					
Written Communication Skills					
Oral Communication Skills					
Maturity					
Respect for Others					
Initiative					
Dependability					
Punctuality					
Critical Thinking/Problem Solving					
Instructor: Self-directed Learning Employer: Works Independently					
Leadership					

How long have you known the applicant? _____

What is your relationship to the applicant? Please Select: **College-level Instructor** **Employer**

What do you feel are the applicant's strengths?

What do you feel are areas in which the applicant needs improvement?

Recommender Signature:

Date:

Please email completed recommendation form to: Joseph Miller, Program Director at joseph.miller@ppcc.edu