



PTA Recommendation Form

Applicant's Name _____

The PTA Program requires 3 references to be submitted with the application. Two of the references are required to be a Physical Therapist or Physical Therapist Assistant. The other reference should be submitted by your PTHA 1409 professor. References will not be accepted from patients, clients, or family members. Each evaluator should complete the form, place it in a sealed envelope, sign the envelope on the outside over the seal, and return the envelope to the applicant. The applicant will submit the references when mailing the application for the program.

PT License #: _____ **PTA License #:** _____ **Other**

 Evaluator's Name Title / Credentials Relationship to applicant

 Institution / Department / Employer Email Address

Check the box that best describes the applicant	Excellent	Good	Average	Below Average	Poor	N/A
	5	4	3	2	1	
Interpersonal skills (interacts effectively with people from diverse cultures and backgrounds)						
Communication skills (effective and appropriate verbal, non-verbal, reading, writing)						
Professionalism (demonstrates professional conduct, honesty, commitment, responsibility, and accountability, on-time and regular attendance)						
Commitment to learning (seeks new information, asks questions, explores new concepts and ideas)						
Problem solving and critical thinking (recognizes and defines problems, develops and implements appropriate solutions, processes information and makes necessary changes)						
Constructive feedback (accepts feedback and correction, able to self-assess)						
Motivation (demonstrates initiative, self-starter, completes projects)						
Stress Management (identifies stressors, implements mechanisms to manage stress)						
Teamwork (works well with others, supports and assists other members of the team, communicates with team members, values everyone's opinion)						
Leadership (able to lead others and communicate a plan, ability to delegate, instills confidence, maintains a positive attitude, demonstrates commitment and creativity)						
Maturity / emotional control (able to handle situations without escalating the issue, accepts accountability for actions, understands and manages emotions)						

Please indicate your overall recommendation of this applicant by checking one of the following:

Highly Recommend **Recommend** **Recommend with reservations** **Do not Recommend**

Signature: _____ Date: _____