## Victoria College Physical Therapist Assistant Program Recommendation Form (Page 1 of 2)

Applicant's Name:			
Applicant's Address:			
Street:	Chalan		
City:	State:	Zip Code:	
recommendations written o	ts and Privacy Act (FERPA) allows a can his/her behalf if the recommendation	on is used solely for the purpose of	
not required to waive access	s. Under legislation, you have the opt	ion of signing a waiver.	
·	s. Under legislation, you have the opt		
not required to waive access Check one and sign:		nis recommendation	

Section II: Must be completed by applicant's college instructor or employer. Please proceed <u>ONLY</u> 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. If never employed, the second letter must be completed by a college-level instructor. 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). PLEASE CHECK A BOX IN EACH LINE ITEM.

Criteria	4	3	2	1	
	Excellent	Good	Fair	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					
<b>Instructor: Self-directed Learning</b>					
<b>Employer: Works Independently</b>					
Leadership					

## <u>Victoria College Physical Therapist Assistant Program</u> <u>Recommendation Form (Page 2 of 2)</u>

How long have you known the applicant?	<del></del>	
What is your relationship to the applicant? Please check one:	College-level	Employer
Instructor What do you feel are the applicant's strengths?		
What do you feel are areas in which the applicant needs improve	ment?	
what do you reel are areas in which the applicant needs improve	ment:	
Name of Person Completing this Form:		
Signature:	Date:	
Title:		
Institution or Company:		<u>.</u>
Address:		
Phone:		

Please email (preferred) the completed form to the PTA administrative assistant, Jennifer.Hinojosa@VictoriaCollege.edu and/or the Program Director, Tammy.Mikulik@VictoriaCollege.edu

Or

Mail to: Victoria College PTA Program, 2200 East Red River, Victoria, Texas 77901 (student will provide a stamped envelope)