

RECOMMENDATION FORM
Carroll Community College
Physical Therapist Assistant Program
1601 Washington Road
Westminster, MD 21157

Applicant's name: _____

Evaluator's name: _____

Prior to requesting a recommendation from each evaluator, the applicant is required to indicate whether they wish to waive this right to view the recommendation. The applicant's decision to waive or not waive access to this recommendation will be released to the program's admissions personnel.

I waive my right of access to this letter of recommendation

I do NOT waive my right of access to this letter of recommendation

APPLICANT SIGNATURE _____

Instructions for individuals providing recommendations:

- Complete the Carroll PTA program Recommendation Form.
- You may attach a separate recommendation letter to this form if you wish.
- Please sign and date at the bottom of the form.
- ***Please mail the recommendation form directly to the PTA program OR seal the recommendation in an envelope, sign and date across the seal and allow the student to submit the recommendation with the application***

PLEASE RESPOND TO THE FOLLOWING QUESTIONS REGARDING THE APPLICANT:

How long have you known the applicant?

How well do you know the applicant?

With what organization or institution were you affiliated with when you interacted with the applicant?

Excellent Good Average Below
Average Poor N/A

LEARNING/ENGAGEMENT

Seeks out knowledge/opportunities to learn; asks questions appropriately; is engaged in experience

COMMUNICATION

Verbal and non-verbal; ability to interact effectively with a variety of different people

MOTIVATION

Shows initiative; self-motivated to use time well; does not require constant reminders not to use cell phone or internet inappropriately

CONSTRUCTIVE FEEDBACK

Accepts feedback and correction; can self-assess

CRITICAL THINKING

Able to think logically, use facts and knowledge to determine solutions to problems

RESPONSIBILITY/WORK ETHIC

Fulfills commitments; is on time; regular attendance, self-motivated

COMMENTS:

SIGNATURE

DATE
