SAN JACINTO COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
RECOMMENDATION FORM

Applicant Name: __________________________________ G#: _____________________

Please circle the number which most closely indicates your impression for ALL AREAS listed with 5 being the highest and 1 the lowest rating. Please make sure this form remains confidential.

1. How would you rate this person’s work ethic? 5 4 3 2 1

2. How would you rate this person’s timeliness? 5 4 3 2 1

3. How would you rate this person’s integrity? 5 4 3 2 1

4. How well does this person interact with others? 5 4 3 2 1

5. How well would you rate this person’s organization skills? 5 4 3 2 1

6. How would you rate this person’s ability to handle stress? 5 4 3 2 1

7. How would you rate this person’s self-motivation? 5 4 3 2 1

8. How would you rate this person’s professional appearance? 5 4 3 2 1

9. In what capacity do you know this person? ______________________________________________

10. Are you a PT or PTA? YES NO

Additional comments____________________________________________________________________
_____________________________________________________________________________________

Your name: ___________________________ Phone number: _______________________
Organization: __________________________ Date: ___________________________

Please return this form to student/applicant in a sealed and signed envelope to include with their application.