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 3 being the highest and 1 the lowest rating. Please make sure this form remains confidential.

1. How would you rate this person’s timeliness?  3  2  1
2. How would you rate this person’s integrity?  3  2  1
3. How well does this person interact with others?  3  2  1
4. How would you rate this person’s organization skills?  3  2  1
5. How would you rate this person’s self-motivation?  3  2  1
6. How would you rate this person’s professional appearance?  3  2  1
7. In what capacity do you know this person? _____________________________
8. Are you a PT or PTA? YES  NO

Additional comments____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Your Name: ___________________________ Phone number: __________________
Organization name: __________________ Date: _______________________

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