

Physical Therapist Assistant Program Recommendation for Admission

APPLICANT INFORMATION

 Name _____
LAST (FAMILY) FIRST

 Address _____
STREET CITY STATE ZIP CODE

The Family Educational Rights and Privacy Act (PL 93-380) allows a candidate to waive his/her rights of access to recommendations written on his/her behalf if the recommendation is used solely for the purpose of admission. You are not required to waive access. Under the legislation, you have the option of signing a waiver.

Check one of the following:

- I waive my right of access to this recommendation.
 I do not waive my right of access to this recommendation.

Applicant Signature _____ Date _____

SUPERVISING THERAPIST INFORMATION

 Student has completed 10 hours of observation: Yes No

Please rate the applicant (check one):

	Outstanding	Above Average	Average	Below Average	Unable to Judge
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one of the following:

- Recommended as outstanding Recommended very highly Recommended
 Recommended with reservation NOT Recommended

Supervising Therapist Signature _____ Date _____

Supervising Therapist Name and Title _____

Name of Facility _____ Phone No. of Facility _____

Address of Facility _____

Please return completed form to:
 Danielle Cargo, Office of Admission and Enrollment Management
 Oakton Community College, 1600 E. Golf Road, Des Plaines, IL 60016