

Fall 2012 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

The above person is applying for the PTA program and if accepted will be attending clinical training in various physical therapy facilities. When completing this recommendation, please consider if you would like to see this individual working in the physical therapy profession.

 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 _____

Please print below information

Supervising Therapist Name and Title _____

 License No. _____ PT PTA Name of Facility _____

Phone No. of Facility _____ Address of Facility _____

**NOTE: Place this recommendation in a sealed envelope, with your signature across the flap,
 and return to the applicant or send the completed form to: Enrollment Center, Attention: Cynthia Lynn, Room 1260
 Oakton Community College, 1600 East Golf Road, Des Plaines, IL 60016**

DEADLINE: JANUARY 30, 2012