



PHYSICAL THERAPIST ASSISTANT PROGRAM  
Recommendation Form (Page 1 of 2)

**Section I: Must be completed by applicant.**

Applicant Name: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Victoria College Student ID # (if applicable): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) 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 legislation, you have the option of signing a waiver.

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

Note: By selecting one of the options above, you are electronically signing this agreement.

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**Section II: Must be completed by applicant's college instructor or employer. Please proceed *ONLY* if Section I has been *completed* and *signed* by the applicant.**

The above individual is applying for admission to the Physical Therapist Assistant (PTA) Program. The PTA Program requires the completion of two recommendation forms. ***One must be completed by a college-level instructor of the applicant, and the other must be completed by an employer of the applicant.*** If never employed, the second letter must be completed by a college-level instructor. *Recommendation forms completed by friends or relatives of the applicant are unacceptable.* Please rate the applicant on the following characteristics by checking the appropriate boxes.

The point level is indicated in each box from 4 (Excellent) to 1 (Poor).

**PLEASE MARK A BOX WITH AN "X" IN EACH LINE ITEM.**

Criteria	4 Excellent	3 Good	2 Fair	1 Poor	Unable to Assess
Instructor: Academic Ability					
Employer: Job Skills					
Written Communication Skills					
Oral Communication Skills					
Maturity					
Respect for Others					
Initiative					
Dependability					
Punctuality					
Critical Thinking/Problem Solving					
Instructor: Self-directed Learning					
Employer: Works Independently					
Leadership					

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How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? Please check one: ☐ College-level Instructor ☐ Employer

What do you feel are the applicant's strengths?

What do you feel are areas in which the applicant needs improvement?

Print Name of Person Completing this Form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Institution or Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please email (*preferred*) the completed form to the PTA Administrative Assistant at [Jennifer.Hinojosa@VictoriaCollege.edu](mailto:Jennifer.Hinojosa@VictoriaCollege.edu) and/or the Program Director at [Tammy.Mikulik@VictoriaCollege.edu](mailto:Tammy.Mikulik@VictoriaCollege.edu).

You can mail it to:  
Victoria College PTA Program • 2200 E. Red River Street • Victoria, Texas 77901.  
*Student will provide a stamped envelope.*