



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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1. How long have you known the applicant? _____

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

3. What do you feel are the applicant's strengths?

4. 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: _____

RETURN DOCUMENT INSTRUCTIONS:

Please email (*preferred*) the completed form to the PTA Program to ptaprogram@victoriacollege.edu

OR mail to:

Victoria College PTA Program • 2200 E. Red River Street • Victoria, Texas 77901
(*Student will provide a self-stamped envelope.*)