



**Recommendation Form
San Jacinto College South
Physical Therapist Assistant Program**

Applicant's Name: _____

In requesting the completion of this evaluation form which will be used in the admission selection process for the Physical Therapist Assistant Program at San Jacinto College, I waive my right to access to the document. _____ (Applicant Signature)

Name and position of individual completing form: _____

Please complete accurately and honestly. Please return to applicant in a sealed envelope with your signature across the seal.

How do you know the applicant? _____

For how long? _____ From where? _____

Area of Evaluation	Below Average	Average	Above Average	Superior
Intellectual Ability				
Communication Skills				
Independent Thinking				
Motivation				
Integrity				
Professional Interest				
Cooperativeness				
Punctuality & Reliability				

Please add any comments that might assist the department in assessment of the applicant's admission to the Physical Therapist Assistant Program. If additional space is needed, please attach a separate page.

Signature: _____ Phone #: _____

Email: _____

If PT/PTA License #: _____ State: _____ Date: _____