

## REFERENCE EVALUATION FORM

To the **APPLICANT**: Complete the name and date below as well as the section below the double lines on page 3 before sending this form along with a self-addressed stamped envelope to three persons selected by the applicant to complete the evaluation form. The person providing the reference must not be a relative or one of the physical therapist completing the Documentation of Experience forms included in the application packet.

**Applicant's name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The above applicant to the Physical Therapist Assistant Program of Louisiana Christian University has given your name as a **reference**. The proper selection of applicants for our program is of significance, not only to this college but to the public as well. In this sense, the persons asked to write on behalf of the applicant act as members of our Admissions Committee. In order to be fair to all applicants, we need to have as much information as possible. Please mark (X) in the box that best describes the applicant and return as soon as possible. We greatly appreciate your assistance.

### **CHARACTERISTIC**

<b>A) Work Habits:</b>	1) Lazy, little or no effort. Lacks diligence. "Good enough is good enough"	
	2) Inconsistent completion of work. Does not complete work in a timely manner.	
	3) May take pride in completed work. Completes work without prompting in a timely manner.	
	4) Does not need reminders, works independently. Occasionally does extra work when asked.	
	5) Does extra work. Performs multiple tasks simultaneously	
<b>B) Thoroughness:</b>	1) Careless. Work is always incomplete.	
	2) Work is sometimes careless and inaccurate.	
	3) Work is generally completed and reasonably accurate.	
	4) Careful work. Accurate. Offers own thoughts and ideas.	
	5) Very careful and thorough. Accepts responsibility for actions and outcomes.	
<b>C) Initiative:</b>	1) Never tries anything new.	
	2) Seldom originates own ideas. Follower.	
	3) Sometimes attempts new ideas.	
	4) Often initiates undertakings. Demonstrates dependability – considered by others to be responsible.	
	5) Marked ability to think independently. Carries out ideas. Accepts responsibility for actions and outcomes.	
<b>D) Reliability/Trust:</b>	1) Dishonest. Neglects obligation; irresponsible	
	2) Often needs supervision. Equivocates or lacks ability to hold self-responsible for own actions.	
	3) Has to be prompted. Sometimes reliable. Usually can be trusted to take responsibility for own actions.	
	4) Assumes obligations. Demonstrates dependability. Considered among others to be responsible.	
	5) Thoroughly dependable. Demonstrates honesty, compassion, courage and continuous regard for all.	

<b>E) Interpersonal Skills:</b>	1) Disagreeable. Antagonistic. Disrespects others; Impolite	
	2) Slow to respond. Not willing to help; concerned with self more than with the needs of others.	
	3) Tends to be agreeable and willing to help. Reaches out to others.	
	4) Does well in teamwork. Agreeable; motivates others to achieve.	
	5) Always willing to help others. Demonstrates a positive attitude toward learning and teaching.	
<b>F) Emotional Control:</b>	1) Very poor control of emotions.	
	2) Occasionally loses self-control.	
	3) Fairly well balanced. Good Control.	
	4) Well balanced. Poised. Established outlets to cope with stress.	
	5) Unusual poise. Recognizes own stressors. Seeks assistance as needed.	
<b>G) Intellectual Capacity:</b>	1) Very slow to learn.	
	2) Needs to make extra effort to keep up.	
	3) Average. Quick to catch on with instruction.	
	4) Learns easily – grasps new concepts.	
	5) Sees beyond immediate information presented. Asks questions. Thinks critically.	
<b>H) Recommendation:</b>	1) Not recommended	
	2) Recommended with reservations	
	3) Recommended	
	4) Recommended with confidence	
	5) Very highly recommended	

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

In what capacity have you been associated with this applicant? \_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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**TO BE COMPLETED BY THE APPLICANT PRIOR TO COMPLETION BY THE INDIVIDUAL PROVIDING REFERENCE:**

Name: \_\_\_\_\_

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right to access these recommendations. The following statement indicates the wish of the applicant regarding this recommendation:

I waive my right to inspect the contents of this recommendation.

NOTE: This waiver is not required as a condition for admission to the PTA program or receipt of financial aid or any other services and benefits from Louisiana Christian University.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

This reference is to be returned to the application in the self-addressed stamped envelope provided by the applicant. Please seal and sign across the seal to ensure confidentiality.