



**HUERTAS COLLEGE**  
INSTITUCIÓN LIDER, FORJANDO LÍDERES

**Physical Therapy Associate Degree Program**

**Recommendation Letter Form**

Applicant's Name: \_\_\_\_\_  
Applicant's Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Applicant's E-mail Address: \_\_\_\_\_

**Section A:** 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 and sign: \_\_\_\_\_ I waive my right of access to this recommendation.  
\_\_\_\_\_ I do not waive my right of access to this recommendation.

Applicant's Signature: \_\_\_\_\_

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**Section B:** Must be completed by applicant's instructor or clinical supervisor. Please proceed only if Section A 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 one recommendation forms. Recommendation forms completed by friends or relatives of the applicant are unacceptable.

- Recent high school graduate: 1 letter of recommendation from a high school teacher.
- Student graduate from high school more than 5 years: 1 letter of recommendation from a health related professional or work supervisor.
- Transfer student: 1 letter of recommendation from a Professor of the previous PTA Program

	3	2	1	0
	Above average	Average	Below average	N/A or Unable to assess
Academic				
Ability Written				
Oral Language				
Respect for others				
Motivation				

	3	2	1	0
	Above average	Average	Below average	N/A or Unable to assess
Dependability				
Punctuality				
Critical Thinking				
Leadership				

How long have you known the applicant?

Did you supervise the applicant? (Please select one)

YES  No

How well do you know the applicant? (Please select one)

Very well  Fairly well  Not very well

Please check observed STRENGTHS demonstrated WITH DISTINCTION by this applicant:		Explain / list examples of strengths indicated:
<input type="checkbox"/> Critical Thinking	<input type="checkbox"/> Use of constructive feedback	
<input type="checkbox"/> Communication	<input type="checkbox"/> Effective use of time & resources	
<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Stress Management	
<input type="checkbox"/> Interpersonal Skills	<input type="checkbox"/> Commitment to Learning	
<input type="checkbox"/> Responsibility	<input type="checkbox"/> Professionalism	

Please check observed WEAKNESSES demonstrated by this applicant:		Explain / list examples of weaknesses indicated:
<input type="checkbox"/> Critical Thinking	<input type="checkbox"/> Use of constructive feedback	
<input type="checkbox"/> Communication	<input type="checkbox"/> Effective use of time & resources	
<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Stress Management	
<input type="checkbox"/> Interpersonal Skills	<input type="checkbox"/> Commitment to Learning	
<input type="checkbox"/> Responsibility	<input type="checkbox"/> Professionalism	

Summary of Recommendation (Please check one)

- Recommend
- Recommend with reservation (Please explain)
- Do not recommend (Please explain)

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Name of person completing this form:	
Date:	
Signature/Title:	
Institution or Facility:	
Address:	
Phone/E-mail:	

Please e-mail the form to [rhidalgo@huertas.edu](mailto:rhidalgo@huertas.edu). The form MUST come from the evaluator filling out the form on behalf of the student.