

NOTE: The applicant will not receive credit for this reference unless both sides of this form are completed.

Ozarks Technical Community College
Physical Therapist Assistant Program

Personal Reference for Work Performance

DUE BY SEPTEMBER 1

Applicant's Name (print) _____ has given this form to you so that you may support his/her application for admission into Ozarks Technical Community College Physical Therapist Assistant Program.

I **do/do not** (circle one) waive my right of access to this Personal Reference Form as stated in the Family Educational Rights and Privacy Act (Buckley Amendment) of 1974.

(PLEASE NOTE: If the applicant fails to complete the waiver section for the Family Educational Rights and Privacy Act, we will consider the applicant has **NOT** waived his/her rights, and will permit the applicant access to this reference upon request.)

Applicant's Signature _____ Date _____

(This form must be completed, placed in an envelope, sealed with your signature across the seal and returned to the applicant for processing.) The information you provide will be used only in the application file of this applicant, and will be held in strict confidence as delineated by the Family Educational Rights and Privacy Act of 1974.

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How well do you know this applicant: Very well\_\_\_ Well\_\_\_ Not Well\_\_\_ Not at all\_\_\_

Length of acquaintance: Years\_\_\_\_\_ Months\_\_\_\_\_ Semesters\_\_\_\_\_

Optional Comments: (e.g., Potential for success as a Physical Therapist Assistant, academic ability, etc.)

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**Over**

Rating of Applicant: (Based upon your direction observation & knowledge of the applicant)

|                                      | Exceptional | Above Average | Average | Below Average | Not Observed |
|--------------------------------------|-------------|---------------|---------|---------------|--------------|
| Ability to work with a group         |             |               |         |               |              |
| Organizational qualities             |             |               |         |               |              |
| Writing ability                      |             |               |         |               |              |
| Interpersonal skills                 |             |               |         |               |              |
| Adaptability/flexibility             |             |               |         |               |              |
| Responsibility/dependability         |             |               |         |               |              |
| Acceptance of constructive criticism |             |               |         |               |              |
| Confidence                           |             |               |         |               |              |
| Verbal communication skills          |             |               |         |               |              |
| Initiative                           |             |               |         |               |              |

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title or Position \_\_\_\_\_

Phone \_\_\_\_\_

**Please return this form to:**

Ozarks Technical Community College  
Allied Health Office  
1001 E. Chestnut Expressway  
Springfield, MO 65802  
Fax (417) 447-8806