

APPENDIX F - LETTER OF REFERENCE FORM

Considering your knowledge of the applicant's behavior while observing, volunteering, working in your facility, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.

- Place completed form in envelope provided by applicant.
- **Before** submitting to applicant, **seal and sign across the envelope closure.**

Applicant's Name: _____

About the Applicant	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Well-groomed, neat, clean, dressed appropriately, punctual					
Demonstrated active participation in the observation experience, self-directed					
Expresses self in a clear, concise and professional manner					
Did you perceive a sincere commitment to joining the profession or simply a completion of required hours for an application?					
Listens well, asks for further clarification as needed					
Displays enthusiasm and interest in physical therapy: Did he/she ask appropriate questions about the discipline with a level of knowledge reflective of a thoughtful investigation into PT as a career?					

General Comments:

_____ PT / PTA License # _____

Supervising Physical Therapist or Physical Therapist Assistant

_____ Date: _____

Signature

Tarrant County College does not discriminate on the basis of sex, race, color, national origin, religion, disability or age.