Northeast Texas Community College
Physical Therapist Assistant Program

**Reference Form**

Applicant’s Name          

**How do you know this applicant?**  

<table>
<thead>
<tr>
<th>Teacher/Instructor</th>
<th>Employer/Supervisor</th>
<th>Friend</th>
<th>Pastor/Counselor</th>
</tr>
</thead>
</table>

**How long have you known this applicant?**  

<table>
<thead>
<tr>
<th>&lt; 6 months</th>
<th>6-12 months</th>
<th>1-3 years</th>
<th>3 years or more</th>
</tr>
</thead>
</table>

*Please rate the applicant in each of the following areas using the scale outlined below. Score all areas with a number. Any blanks or NA’s will result in a lower average score for your assessment of the applicant.*

1. **Attitude and Personality:**  
Mannerisms, disposition, ability to work with people  
confidence, acceptance of criticism

2. **Reliability and Character:**  
Dependability, integrity, honesty, trustworthiness

3. **Personal Appearance:**  
Cleanliness, grooming

4. **Work Habits:**  
Conscientiousness, follow through, resourceful, self-discipline,  
initiative, willingness

5. **Composure:**  
Reaction to stress, poise, self-control, adaptability

6. **Capacity for Independent Thinking:**  
Leadership ability, creative thought, curiosity, demonstrates interest

7. **Judgement and Common Sense:**  
Ability and foresight in everyday decisions, expressions of opinion,  
maturity

8. **Oral Expression:**  
Clarity, coherence, and confidence in conversation

*Please provide your overall impression of the applicant’s strengths/weaknesses.  
Continue on the back if necessary.*

**STRENGTHS:**

**WEAKNESSES:**

______________________________  __________________________  
Signature                           Date

______________________________  __________________________  
Printed Name                       Phone Number