

Name _____

Your evaluation of this applicant is respectfully requested for use by the Chattanooga State Physical Therapist Assistant Program. This form will be used as part of the process in selecting qualified applicants for the next Physical Therapist Assistant class.

Please score the category which best describes the candidate.

5=Outstanding 4=Above Average 3=Average 2=Below Average 1=Very Poor N/A=Not Observed or Unknown

Ability to express thoughts in:	Score:
Writing	
Speaking	
Character / Personality	
Cooperativeness	
Enthusiasm	
Intellectual Capacity	
Leadership / Initiative	
Originality	
Personal Appearance / Neatness	
Professional interest	
Reliability	

Additional Comments:

Date: _____

Name _____ Signature _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

In what capacity do you know this applicant? _____

The Family Educational Rights and Privacy Act of 1974 provides access to educational records and permits the applicant the right to review and inspect this evaluation. However, please return this form to the applicant, in a sealed envelope, to be included with their program application.