Lackawanna College
Physical Therapist Assistant Program
Personal Reference Form

To the applicant: It is recommended that you provide each reference with a pre-addressed, stamped envelope along with this reference form. Forms should be returned directly to the address listed below.

To the reference: The below named applicant is applying to Lackawanna College’s Physical Therapist Assistant Program. The PTA program presents a rigorous 2 years of coursework integrated with hands on, clinical experiences. Please respond to the questions outlined below, along with a typed statement (see description at bottom of page) to assist us in assessing this applicant’s appropriateness to participate in our program. Your complete honesty and objectivity is appreciated. Your form must be returned in a sealed envelope with your signature evident across the seal. Please return the form directly to the following address:

Lackawanna College
C/o Steve Voytek, Admissions Department
501 Vine Street
Scranton, PA 18509

Name of Applicant: ____________________________ Name of Reference: ____________________________

Relationship to applicant: _____ Educator     _____Employer/Work Supervisor     _____ Other   Please identify: ______________

Please answer the following questions:

1. How many years have you known the applicant? ____________________________
2. In what capacity have you known the applicant? ____________________________

   Please rate the applicant in the following areas (please circle your answer):

   1. How do you rate the applicant’s ability to communicate with others?
      very poor     below average     average     above average     excellent     unable to assess

   2. How do you rate the applicant’s ability to achieve and maintain organization?
      very poor     below average     average     above average     excellent     unable to assess

   3. How do you rate the applicant’s ability to manage stress?
      very poor     below average     average     above average     excellent     unable to assess

   4. How do you rate the applicant’s ability to work independently?
      very poor     below average     average     above average     excellent     unable to assess

   5. How do you rate the applicant’s ability to work with others?
      very poor     below average     average     above average     excellent     unable to assess

   6. How do you rate the applicant in terms of punctuality and reliability?
      very poor     below average     average     above average     excellent     unable to assess

   7. How do you rate the applicant’s ability to make a long term commitment to our program?
      very poor     below average     average     above average     excellent     unable to assess

**After rating the prospective PTA candidate, please take a moment to think about the qualities you look for in a healthcare provider when you need medical care. Please provide a one page, typed statement describing the BEST quality or qualities you feel this applicant possesses to be successful as a medical professional. Both the reference rating page and the typed statement should be returned together.

___________________________________  ____________________________
Signature of Reference                  Date