



## Reference Form

**Applicant:** Under the Federal Law, Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances, letters written in confidence are of greater value in the assessment of a student's qualifications, abilities, and promise.

Applicant's Name (print) \_\_\_\_\_ has given this form to you to support his/her application for admission into the Hutchinson Community College Physical Therapist Assistant Program.

I do \_\_\_\_\_ do not \_\_\_\_\_ waive my right of access to the Reference Form as stated in the Family Educational Rights and Privacy Act (Buckley Amendment) of 1974.

**(Please Note:** if this 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's access to this reference upon request.)

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

Length of Acquaintance: Years \_\_\_\_\_ Months \_\_\_\_\_

In what capacity do you know this person: \_\_\_\_\_

Optional Comments: (e.g. What personal characteristics does the applicant possess that you feel would contribute to their future success as a physical therapist assistant)

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Please rate the applicant in the following areas:

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Created 6/09, Revised 1/16, 1/17, 2/18, 1/19, 12/19, 1/21, 12/24

	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Not observed</b>
Ability to Work as a Group					
Organizational Qualities					
Adaptability/dependability					
Interpersonal skills/relations					
Confidence					
Verbal Communication Skills					
Initiative/Motivation					
Critical Thinking					
Judgment					
Integrity					
Quality of Work					
Personal Appearance					

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**Recommendations need to be received by May 15, 2026**

To be filled out by person providing recommendation:

Name: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Return to: Candidate in sealed envelope with your signature\* across the flap, or mail to:

Hutchinson Community College  
 Physical Therapist Assistant Program  
 815 N. Walnut  
 Hutchinson, KS 67501

\* If signature isn't across the flap, it may not be considered in decision for admission of the applicant.