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| A picture containing text, sign, clipart  Description automatically generated | Athletic Training |

**RECOMMENDATION LETTER AND EVALUATION FORM**

**(For application to Master of Science in Athletic Training)**

**Instructions:** Please type your answers in the space provided. The space will expand to accommodate the length of your answer.

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| Applicant’s Name (last, first, MI): |  |
| Applicant’s Intended Program: |  |
| Applicant’s Email: |  |

**Knowledge of the Applicant**

Approximately how long have you known the applicant (in years)?

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How well do you feel you know the applicant?

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What was the nature of your contacts with the applicant? (Be specific)

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**Relative Rating of the Applicant**

Please rate the applicant in the areas indicated below by comparing him/her to the reference group you specify (college seniors, graduate students in past 10 years, employees, etc.)

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Please place an **“X”** in the box that corresponds to your rating.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Academic Potential** | **Top**  **5%** | **Top**  **10%** | **Top 20%** | **Top**  **Third** | **Middle**  **Third** | **Lower**  **Third** | **Unable to Rate** |
| Knowledge in subject of intended program of study |  |  |  |  |  |  |  |
| Ability to grasp new concepts |  |  |  |  |  |  |  |
| Originality, intellectual creativity |  |  |  |  |  |  |  |
| Mathematical and logical thought |  |  |  |  |  |  |  |
| Written Expression |  |  |  |  |  |  |  |
| **Academic Potential** | **Top**  **5%** | **Top**  **10%** | **Top 20%** | **Top**  **Third** | **Middle**  **Third** | **Lower**  **Third** | **Unable to Rate** |
| Oral expression |  |  |  |  |  |  |  |
| Laboratory skills or Hand-on skills |  |  |  |  |  |  |  |
| Potential in research |  |  |  |  |  |  |  |
| Ability to analyze problems and formulate solutions |  |  |  |  |  |  |  |
| Perseverance toward goals |  |  |  |  |  |  |  |
| Ability to understand and follow directions |  |  |  |  |  |  |  |
| **Personal Qualities** |  |  |  |  |  |  |  |
| Takes initiative |  |  |  |  |  |  |  |
| Positive attitude |  |  |  |  |  |  |  |
| Tactfulness |  |  |  |  |  |  |  |
| Cooperative |  |  |  |  |  |  |  |
| Enthusiasm/ energy level |  |  |  |  |  |  |  |
| Courteous |  |  |  |  |  |  |  |
| Leadership skills |  |  |  |  |  |  |  |
| Self-confidence |  |  |  |  |  |  |  |
| Emotional stability |  |  |  |  |  |  |  |
| Imagination |  |  |  |  |  |  |  |
| Adaptability/Flexibility |  |  |  |  |  |  |  |
| Competitiveness |  |  |  |  |  |  |  |
| **Professionalism** |  |  |  |  |  |  |  |
| Ability to communicate effectively |  |  |  |  |  |  |  |
| Ability to get along with others/develop good rapport |  |  |  |  |  |  |  |
| Ability to handle conflict |  |  |  |  |  |  |  |
| Ability to work independently |  |  |  |  |  |  |  |
| Receptive to constructive criticism |  |  |  |  |  |  |  |
| Uses good/sound judgement |  |  |  |  |  |  |  |
| Dependable and reliable |  |  |  |  |  |  |  |
| Willing to accept responsibility |  |  |  |  |  |  |  |
| Punctual |  |  |  |  |  |  |  |
| Professional appearance |  |  |  |  |  |  |  |
| Willing to volunteer extra time |  |  |  |  |  |  |  |
| Treats others with respect |  |  |  |  |  |  |  |
| Understand the profession and time commitments |  |  |  |  |  |  |  |
| Level of interest for the profession as a career choice |  |  |  |  |  |  |  |
| Stamina and will to succeed as an athletic trainer |  |  |  |  |  |  |  |

**Genral Questions**

Some individuals demonstrate comparatively low achievement in scholastic records. In your opinion, is the applicant’s scholastic record, as you know it, an accurate index of his or her scholastic ability?

\_\_\_\_\_ Yes, \_\_\_\_\_No, \_\_\_\_\_ Don’t know. If your answer is “No”, please explain briefly.

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Do you have any additional comments or concerns related to character and temperament or to any impairment that should be considered by the admissions committee or should be considered in planning the student’s graduate work?

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Please express your views on any of the items previously identified and on any other relevant abilities about which you have knowledge that would indicate the applicant’s ability to succeed in this graduate program. If you wish to submit a letter of recommendation on your own letterhead, please attach to this form.

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**Evaluator’s Summary**

Please place an “X” in the box that corresponds to your summary (select only one).

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| --- | --- |
|  | Recommend enthusiastically |
|  | Recommend with confidence |
|  | Recommend |
|  | Recommend with reservation |
|  | Do not recommend |

**Evaluator’s Information**

|  |  |
| --- | --- |
| Evaluator’s Name: |  |
| Evaluator’s Position/Title: |  |
| Institution/Business/Organization: |  |
| Institution/Business/Organization Address:  Include address, city, zip code, country. |  |
| Evaluator’s Email |  |
| Evaluator’s Telephone number |  |
| Date Completed |  |

Please complete this form, save as a PDF, and **email it to the applicant** to include in the graduate school application portal.