

Dear Physical Therapist/Physical Therapist Assistant,

Thank you for taking the time to evaluate _____. Your input is very valuable to us as we work closely with the student to assure their professional and educational development. Please, evaluate this student on their current status in the following areas to the best of your ability.

	Superior	Good	Average	Fair	Poor	No basis for judgement
Commitment to learning						
Interpersonal Skills						
Communication Skills						
Effective Use of Time and Resources						
Use of Constructive Feedback						
Problem Solving						
Professionalism						
Responsibility						
Critical Thinking						
Stress Management						

Name of Evaluator _____ Title _____

Employer _____ Address _____

How long have you known this student? _____ In what capacity? _____

Evaluator's Signature _____ Date _____

Thank you for your assistance. University of Pittsburgh at Titusville – PTA Program

Under Title IV of Public Law 90-247, students have the right to inspect letters of recommendation unless they have executed a waiver permitting the maintenance of confidentiality.

I, _____, being fully informed of my right to inspect letters of recommendation under the "Buckley Amendment," do hereby waive the right for the purpose of allowing the University of Pittsburgh – Titusville to maintain this recommendation as a confidential communication.

Student's Signature

Date