

The University of Texas at Austin
Athletic Training Education Program
Applicant Recommendation Form

Applicant's Name _____ UT EID _____

Name and Title of Referee _____

Statement of waiver / non-waiver

Under the Federal Educational Rights and Privacy Act of 1974 as amended (P.L. 93-380) students are entitled to review their records, including letters of recommendation. It is the student's option to wave their rights to access their recommendations or to decline to do so. You are required that you make such a waiver as a condition of admission.

I hereby authorize _____ to complete this recommendation form.

Check one: I waive my right of access to this recommendation

I do not waive my right of access to this recommendation

Applicant's Signature: _____ Date: _____

To be completed by the person making the recommendation:

In what capacity do you know the applicant? _____

How long have you known the applicant? _____

How well do you know the applicant? very well fairly well not well

This student is applying to The University of Texas at Austin's Athletic Training Education Program (ATEP). The ATEP is a rigorous and intense program that places many demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. During this student's education, he/she will assist the in the provision of health care to a diverse population including intercollegiate and high school student athletes, professional athletes, and members of the general public that participate in physical activity and sports. This student will also interact with medical and allied medical professionals (physicians, physical therapists, etc.), coaches, school administrators, and parents. Keeping this information in mind, please rank this student's ability to meet the following expectations. Use the following grading scale:

n/a = not able to comment 0 = strongly disagree 1= disagree 2= agree 3=strongly agree

_____ This student has the mental and intellectual capacity to obtain complex information and concepts from a variety of sources, to analyze and integrate that information and problem solve in order to distinguish deviations from the norm and to formulate assessment and therapeutic judgments.

_____ This student has sufficient postural and neuromuscular control, sensory function, and coordination to perform physical examinations, therapeutic treatments, and therapeutic exercise and rehabilitation protocols.

_____ This student demonstrates flexibility and the ability to adjust to changing situations and uncertainty.

_____ This student has the ability to read, write, speak and understand the English language at a sufficient level in order to communicate effectively and sensitively with patients, colleagues, parents, coaches, medical personnel, and administrators, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively.

_____ This student has the ability to maintain composure and continue to function well, and the ability to make and execute quick, appropriate and accurate decisions in a stressful environment including emergency situations.

_____ This student has the perseverance, diligence and commitment to complete an intense and demanding educational program.

Using the following scale, please rank the student's:

n/a = not able to rank
3 = average

1 = poor
4 = above average

2 = below average
5 = superior

_____ Critical Thinking & Analysis Skills
_____ Interpersonal Skills
_____ Ethical Conduct
_____ Commitment to Learning
_____ Dependability / reliability / promptness
_____ Responsibility / accountability
_____ Organizational Skills

_____ Judgment & Common Sense
_____ Emotional Stability
_____ Professionalism
_____ Motivation / ambition
_____ Perseverance / diligence
_____ Communication Skills
_____ Leadership Potential

Please indicate your overall recommendation of this applicant.

_____ strongly recommend

_____ recommend

_____ recommend with reservations

_____ do not recommend

Your Name & Title _____

Your Signature _____ Date: _____

➤ On a separate sheet of paper, please describe qualifications, traits, accomplishments, and / or experience that you feel are significant in demonstrating the applicant's ability to complete the Athletic Training Education Program.

➤ Please enclose this form and supplemental materials in an envelope, seal the envelope, sign your name across the seal and return the envelope to the student. He / she will include your recommendation with the rest of the application materials. All materials are due by May 1. Please assist the student in submitting the materials on time by returning this form to them in a timely manner. Thank you for your time and attention.