

Confidential Recommendation for the Athletic Training Educational Program

Applicant's Name (print): _____

I waive my right to read this letter of recommendation:

Signature: _____ Date: _____

I do not waive my right to read this letter of recommendation:

Signature: _____ Date: _____

1. How long have you known the applicant? _____

2. In what relationship? _____

Important Note:

It is important that the applicant is rated only on the observations of their behavior and abilities.

However, if more than six (6) NA's are used, the form will be considered invalid. A letter of recommendation will not be accepted in lieu of this form.

Please use the following rating key:

4= outstanding 3= above average 2= average 1= below average NA= not applicable

Poise

1. Personal appearance: neat and clean	1	2	3	4	NA
2. Displays self confidence	1	2	3	4	NA
3. Maintains composure in most situations	1	2	3	4	NA

Motivation

4. Displays initiative	1	2	3	4	NA
5. Seeks new knowledge	1	2	3	4	NA
6. Sets goals and follows through	1	2	3	4	NA

Maturity

7. Recognizes own strengths and weaknesses	1	2	3	4	NA
8. Is responsible, dependable, and honest	1	2	3	4	NA
9. Is flexible and adaptable	1	2	3	4	NA
10. Uses good judgment	1	2	3	4	NA
11. Displays a positive attitude	1	2	3	4	NA
12. Demonstrates good organizational skills	1	2	3	4	NA
13. Accepts constructive criticism	1	2	3	4	NA
14. Deals with authority appropriately	1	2	3	4	NA

People Orientation

15. Enjoys being with people	1	2	3	4	NA
16. Demonstrates concern for others	1	2	3	4	NA
17. Is sensitive to the feelings of others	1	2	3	4	NA
18. Works well in groups	1	2	3	4	NA
19. Gains the respect of others	1	2	3	4	NA

Communication

20. Uses good interpersonal communication skills	1	2	3	4	NA
21. Displays clarity in written expression	1	2	3	4	NA
22. Displays clarity in verbal expression	1	2	3	4	NA

Orientation to Athletic Training

23. Recognizes the importance of both psycho-social aspects of athletic injury care	1	2	3	4	NA
24. Displays enthusiasm in athletic care	1	2	3	4	NA
25. Will complete an undergraduate education in Athletic training with distinction	1	2	3	4	NA

Personal Characteristics

26. Assertiveness	1	2	3	4	NA
27. Patience	1	2	3	4	NA
28. Creativity	1	2	3	4	NA
29. Achievement	1	2	3	4	NA
30. Integrity	1	2	3	4	NA
31. Leadership ability	1	2	3	4	NA
32. An appropriate sense of humor	1	2	3	4	NA

What are the candidate's greatest strengths?

What are the candidate's greatest weaknesses?

Additional comments:

Please place the completed recommendation in a sealed envelope with your signature across the seal and return it either to the candidate or to:

**Shawna Jordan, PhD, ATC, LAT
Athletic Training Program Director
Kansas State University
Department of Human Nutrition
241 Justin Hall
Manhattan, KS 66506-1407**

Recommender's signature: _____ Date: _____

Recommender's name (printed): _____ Phone number: _____