



Athletic Training Program Recommendation Form

APPLICANT INFORMATION

- Fill out the applicant information section
- Please select the appropriate type of reference (1) athletic trainer, (2) academic, or (3) character
- Send an electronic copy to each of your three references (one for each category listed above)

Last Name	First	M.I.	Date
Requested recommendation: Athletic Trainer <input type="checkbox"/> Academic <input type="checkbox"/> Character <input type="checkbox"/>			

EVALUATOR INFORMATION

The student named above is applying for admission to the Athletic Training Program at Baylor University. Please complete the evaluation to the best of your ability. You will receive an e-mail from Baylor's Graduate School with instructions for submitting your recommendation.

Last Name	First	Title
Employer Name		Street Address
City	State	ZIP
Phone	E-mail Address	
How long have you known the applicant? ___years ___months	BOC Number	State Credentialing Number
In what capacity do you know the applicant? Student <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____		

RECOMMENDATION

5=Strongly Agree 4=Agree 3=Neutral 2=Disagree 1=Strongly Disagree N/A=Unable to Evaluate

Demonstrates good time management skills.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
Demonstrates maturity.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
Displays enthusiasm for athletic training.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
Demonstrates excellent moral character.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
Is flexible and adaptable.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
Demonstrates respect for others.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
Is reliable.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
Demonstrates a proactive approach to tasks/learning opportunities.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
Effectively communicates.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>
Demonstrates good interpersonal skills.	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	N/A <input type="checkbox"/>

Additional Comments:

Is there any aspect of this applicant's background which might interfere with successful completion of the athletic training program?

None that I know Yes If yes, please explain:

Evaluator Signature	Date
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