

Appendix D
UCM Athletic Training Program
Recommendation Form

Student Name: _____

Date: _____

Please rate the student on the following criteria by circling your numerical response:

| | Excellent | Above Average | Average | Below Average | Poor | Not Rated |
|-------------------------|-----------|---------------|---------|---------------|------|-----------|
| Social Interactions | 5 | 4 | 3 | 2 | 1 | NR |
| Emotional Stability | 5 | 4 | 3 | 2 | 1 | NR |
| Verbal Ability | 5 | 4 | 3 | 2 | 1 | NR |
| Self-Confidence | 5 | 4 | 3 | 2 | 1 | NR |
| Concern for Others | 5 | 4 | 3 | 2 | 1 | NR |
| Intellectual ability | 5 | 4 | 3 | 2 | 1 | NR |
| Team work | 5 | 4 | 3 | 2 | 1 | NR |
| Initiative | 5 | 4 | 3 | 2 | 1 | NR |
| Leadership | 5 | 4 | 3 | 2 | 1 | NR |
| Flexibility | 5 | 4 | 3 | 2 | 1 | NR |
| Dependability | 5 | 4 | 3 | 2 | 1 | NR |
| Professional Conduct | 5 | 4 | 3 | 2 | 1 | NR |
| Professional Appearance | 5 | 4 | 3 | 2 | 1 | NR |

Please indicate your relationship to the student and for how long:

Please indicate the perceived strengths of the student:

Other: (You may choose to compose a letter for this section.)

Evaluator's Name:

Print

Signature

Address:

Phone:

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Email:
