

Bridgerland Technical College Therapeutic Massage Program

Personal Reference Evaluation Instructions

TO THE APPLICANT: Please complete this section	n only.
Applicant Name	
	Privacy Act of 1974 and its amendments guarantee student wever, students are permitted to waive their rights to
	applicant's wish regarding this recommendation: rm or any supplementary notes or letters pertaining to this
Applicant's Signature	Date
TO THE EVALUATOR: Please complete the remain	nder of this document.
• •	eference in support of an application for the Therapeutic This is based on the understanding that you have known
Please take a few moments to complete the bottom	he applicant's abilities and potential for further education. n of this form and the next three (3) pages. When n the seal, and return the envelope to the applicant.
Thank you,	
Cheri Lillham	
Cheri Gillham, LMT Department Head, Therapeutic Massage Program	
Evaluator's Signature	Date
Title	
Institution	
Address	
City, State, Zip	
Phone Number	
Length of time you have known Applicant	
Capacity in which you have known Applicant	



Bridgerland Technical College Therapeutic Massage Program

Personal Reference Evaluation Form

Instructions: The following questions or statements identify a variety of traits, skills, attitudes, etc. Please indicate the degree to which each quality is characteristic of the candidate you are rating by reading the statement carefully, reading the points on the scale, and circling the number of your choice on the scale. Please rate each statement independently and avoid a tendency to rate on general impressions. One characteristic might influence the rating of all characteristics. Specific comments in each category are encouraged.

mpressions. One cheach category are e		night influence the r	rating of all o	characteristics. Speci	fic comments in
Problem Solving: Al	pility to identify a	and solve problems			
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent	
Comment:					
Attitude: Outlook pro	jected towards	life, school, job, etc.			
1	2	3	4	5	Unable to Assess
Negative		Average		Positive	
Comment:					
_					
Stress/Anxiety Res	ponse: Deals w	ith stressful, anxiety-pro	ducing situation	ns	
1	2	3	4	5	Unable to Assess
Poor		Average		Excellent, calm & effective	
Comment:					
Motivation/Account	tability: Extent	to which individual appli	ies self and is a	ccountable	
1	2	3	4	5	Unable to Assess
Uninspired/	<u> </u>	Average	·	Self-starter;	0110510 00 7105000
blames others		_		motivated;	
				accountable	
Comment:					
Annoaranco: Extent	to which standa	rds of appearance are m	oot		
1	2	3	4	5 Wall grouped	Unable to Assess
Untidy		Average		Well-groomed	
Comment:					

Health problems Average Health almost often interfere never interferes	
	able to Assess
Comment:	
Communication Skills: Ability to communicate with peers, coworkers, teachers, etc.	
	able to Assess
Poor Average Excellent	ible to Assess
Comment:	
Comment.	
Integrity: Extent to which the candidate displays an ethical code	
<u>1 2 3 4 5 Una</u> Poor Average Excellent	ble to Assess
Average Excellent	
Comment:	
Tutowa was not Deletionating. Ability to good water and get along with many governous toochare applications.	oca ota
Interpersonal Relationships: Ability to cooperate and get along with peers, coworkers, teachers, employed	
<u>1 2 3 4 5 Una</u> Poor Average Excellent	able to Assess
ruoi Avelaye Excellent	
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Comment:	nerapeutic
Comment:	nerapeutic
Comment: assage:	herapeutic
comment:	·
comment: In summary, please indicate the degree to which you support this applicant for study in The lassage: I strongly support this applicant I support with reservation. Please indicate your concerns in the comments section below	ow.
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Additional comments may be placed on a separate page.

Place in envelope, seal the envelope, sign the seal, return to applicant. (Envelopes will not be accepted unsigned)