

**Middle Tennessee State University
Athletic Training Education Program
Recommendation Evaluation Form**

Applicant's name _____ **Date** _____
Evaluator's name _____
Position _____
Institution/Business Address _____
Telephone number _____ **email** _____

How long and in what capacity have you known the applicant? _____

Rank the applicant in each of the areas based on your observations and contacts with the applicant. Use the following scale to respond to each area.

- 4 *excellent*
- 3 *above satisfactory*
- 1 *satisfactory*
- 0 *unsatisfactory*

Personal Qualities

1. takes initiative	4	3	1	0
2. positive attitude	4	3	1	0
3. tactfulness	4	3	1	0
4. treats others with respect	4	3	1	0
5. cooperative	4	3	1	0
6. enthusiasm	4	3	1	0
7. courteous	4	3	1	0
8. willing to volunteer extra time	4	3	1	0
9. gets along well with others	4	3	1	0
10. leadership skills	4	3	1	0
11. general attitude	4	3	1	0
12. self-confidence	4	3	1	0
13. emotional stability	4	3	1	0

Total Points _____ Average _____

Professionalism

1. professional appearance	4	3	1	0
2. punctual	4	3	1	0
3. receptive to constructive criticism	4	3	1	0
4. uses good judgment	4	3	1	0
5. dependable and reliable	4	3	1	0
6. ability to work independently	4	3	1	0

Total Points _____ Average _____

Communication

1. understands and follows directions	4	3	1	0
2. good verbal expression/clear and concise	4	3	1	0
3. develops good rapport with peers/others	4	3	1	0
4. good written expression	4	3	1	0

Total Points _____ Average _____

Clinical Skills (if applicable)

1. taping and wrapping techniques	4	3	1	0
2. proper athletic training room procedures	4	3	1	0
3. knowledge of supplies/equipment	4	3	1	0
4. treatment/first-aid techniques	4	3	1	0

Total Points _____ Average _____

Interest/Perception of Athletic Training (if applicable)

1. understands the profession and time commitments	4	3	1	0
2. level of interest/commitment to the profession as a career choice	4	3	1	0
3. stamina and will to succeed as an athletic trainer	4	3	1	0

Total Points _____ Average _____

Use the following space to provide additional comments or concerns that you feel are pertinent to this applicant (attach additional page if necessary)

Evaluator's Signature _____ Date _____

Return to: Dr. Helen Binkley
Athletic Training Program Director
Middle Tennessee State University
Department HHP, PO Box 96
Murfreesboro, TN 37132

