

**LARAMIE COUNTY COMMUNITY COLLEGE
1400 E. College Drive, Cheyenne Wyoming 82007**

**PHYSICAL THERAPIST ASSISTANT PROGRAM
REFERENCE FORM**

To Be Completed By Applicant

Name of Applicant _____ Application for Spring _____

Name of Reference _____ Phone # (Home) _____

E-mail _____ Work # or Cell # _____

To Be Completed by Individual Serving as a Reference

The applicant named above is applying for acceptance into the Physical Therapist Assistant (PTA) program at Laramie County Community College. As part of the application process, each applicant must have three reference forms completed and returned to the LCCC program director by the program's application deadline, **October 1, 2010**. Selection is on a competitive basis, so your input is very valuable to us.

Please rate the applicant in the categories below, answering as honestly as possible in order to allow us to select the best candidates for our program. All answers are kept strictly confidential, and are shared only with the PTA selection committee.

After completing the form, please enclose it in the enclosed pre-addressed envelope seal the envelope, sign over the seal, then drop it in the mail before the deadline of **October 1, 2010**. All reference forms are to be sent directly to the LCCC program director, as indicated on the envelope. If you have any questions, please call Dr. Douglas Wilson, PT, DPT at 307.778.1198 or e-mail: dwilson@lccc.wy.edu. Thank you for your assistance.

Please place an "X" in the column under the rating which best describes the applicant's abilities in each area **with 5 being the highest rating, and 1 the lowest. Please add your comments as needed.**

	LOWEST 1	2	3	4	HIGHEST 5
Attendance					
Punctuality					
Grooming and hygiene					
Dependability					
Follows instructions					
Respect for authority					
Initiative					
Commitment and follow through					
Learns from mistakes					
Accountability/Accepts responsibility for actions					
Motivation level					
Interpersonal skills					
Team player					
Overall work ethic					
Would you recommend this candidate?					

Please feel free to comment on any of your answers or provide any other additional information which you feel may assist us in our selection on the back of this page.

Signature _____ Print Name _____

Date _____ Capacity in which you know/knew the applicant _____

Send completed form to: Laramie County Community College
Physical Therapist Assistant Program
1400 E. College Drive
Cheyenne, WY 82007

**PHYSICAL THERAPIST ASSISTANT PROGRAM
PRE-ADMISSION OBSERVATION
EVALUATION FORM**

To be admitted to the LCCC Physical Therapist Assistant (PTA) program, it is strongly suggested that a student participate in a physical therapy department/clinic observation for a 20 (twenty)-hour period. It is permissible for the student to attend multiple sites, but the total hours observed should equal 20 hours. We feel that the prospective student will have a better understanding of the type of work that a PTA does by attending this observation period. Paid work hours in this environment may be substituted for observation/volunteer hours.

NOTE: In the event that patient volume in the department appears to be low or inadequate, it is permissible for the observing student to reschedule remaining and/or additional observation time if the supervising PT/PTA deems this to be appropriate. **Please answer the questions below and return this form and the Observation Guidelines and Acceptance Form to the following address by October 1, 2010.**

Laramie County Community College
PTA Program Director
1400 E. College Drive
Cheyenne, WY 82007

Name of Facility: _____

Name of Prospective Student: _____

Number of Hours Spent in the Physical Therapy Department: _____

Date(s) of Attendance: _____

The student:

	YES	NO
1. Called to make an appointment	<input type="checkbox"/>	<input type="checkbox"/>
2. Was punctual	<input type="checkbox"/>	<input type="checkbox"/>
3. Stayed the required hours	<input type="checkbox"/>	<input type="checkbox"/>
4. Came to the department properly groomed.	<input type="checkbox"/>	<input type="checkbox"/>
5. Came to the department properly attired	<input type="checkbox"/>	<input type="checkbox"/>
6. Came to the department prepared to observe with the appropriate paperwork.	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the following items from 1 to 5 with 5 being the highest rating possible.

7. Displayed some awareness of universal precautions for infection control	1	2	3	4	5
8. Displayed the ability to interact with others	1	2	3	4	5
9. Appeared interested in physical therapy procedures	1	2	3	4	5
10. Asked pertinent questions during the observation	1	2	3	4	5
11. Would you recommend this student?	1	2	3	4	5

Other comments and overall impressions:

Signature of Observing PT/PTA _____ Date _____

Name of Observing PT/PTA _____

Thank You for Your Assistance.

If you have any questions, please call the LCCC PTA program director
at 307.778.1198 or e-mail dwilson@lccc.wy.edu.

**LARAMIE COUNTY COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
IN-PROGRESS GRADE REPORT FORM – FALL 2010**

Please use this form to report all of your in-progress grades for the Fall 2010 semester. As part of the selection process, we consider the level of student preparedness for each applicant. To assess this, please include all of the courses in the PTA curriculum which you would like considered. (This includes both the prerequisite courses and the additional general education courses listed within the program's course of study.)

Instructions:

For all courses you wish considered, have each instructor provide your current course grade, and sign and date the form where indicated. For confidentiality purposes, please make individual copies of this form to provide to each instructor.

Deadline: October 1, 2010*

*Please note that you may complete all of the other portions of your application and submit them anytime between August 1, 2010 and October 1, 2010. You may submit this form under separate cover, and it will be associated with your application file upon its receipt.

Name of Applicant: _____

Course: _____ **Current Grade:** _____ **Date:** _____
(Include both the course prefix and title)

Instructor Name: _____ **Date:** _____

Instructor Signature: _____ **Contact Information/Ext. #** _____
(Signature)

Other Comments: _____

To the instructor: Thank you for your assistance in our student selection process. If you have any questions regarding this form or the PTA program, please contact the PTA Program Director at 307.778.1198 or dwilson@lcc.wy.edu.

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(Include both the course prefix and title)

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Instructor Signature: _____ **Contact Information/Ext. #** _____
(Signature)

Other Comments: _____

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