CONFIDENTIAL ATP RECOMMENDATION FORM

**ATP CANDIDATE:** You must select either "do" or "do NOT" and sign before asking all evaluators to complete the Confidential ATP Recommendation Form. We recommend you provide an envelope in which the evaluator can seal the completed form.

I ____ do, ____ do NOT, waive my right of inspection or review of this Confidential ATP Recommendation Form, according to the terms of the Family Rights and Privacy Act of 1974.

Applicant’s Name: __________________________________________________________

Applicant’s Signature: ______________________________ Date: ________________

**EVALUATOR:** The above student has asked you to recommend him/her for admission into the Athletic Training Program at California State University, Fullerton. Please address the following items, directly and honestly. Your candid evaluation helps us select the most qualified persons. Please score the applicant in each of the following areas using a scale of 1-5 (Excellent = 5 and Unacceptable = 1). If you are unable to honestly critique an area, please assign a NA score.

1. **Commitment to learning:** seeks new knowledge; appreciates lifelong learning; true desire to understand

   | 5 | 4 | 3 | 2 | 1 | NA |
---|---|---|---|---|---|----|

2. **Problem Solving:** recognizes & defines problems; analyzes information; develops & implements creative solutions; evaluates outcomes

   | 5 | 4 | 3 | 2 | 1 | NA |
---|---|---|---|---|---|----|

3. **Responsible:** fulfills commitments; accountable for choices; perseveres to achieve goals

   | 5 | 4 | 3 | 2 | 1 | NA |
---|---|---|---|---|---|----|

4. **Interpersonal Skills:** appreciates and respects diversity; effectively interacts with others

   | 5 | 4 | 3 | 2 | 1 | NA |
---|---|---|---|---|---|----|

5. **Communication Skills:** exhibits effective speaking, listening, body language, reading, & writing with varied audiences

   | 5 | 4 | 3 | 2 | 1 | NA |
---|---|---|---|---|---|----|

6. **Critical Thinking:** differentiates facts, illusions, assumptions; distinguishes relevant from irrelevant; logical

   | 5 | 4 | 3 | 2 | 1 | NA |
---|---|---|---|---|---|----|

7. **Leadership:** takes initiative; motivates/guides others; generates ideas; exhibits vision and/or plans for future

   | 5 | 4 | 3 | 2 | 1 | NA |
---|---|---|---|---|---|----|

8. **Professional Behavior:** exhibits appropriate ethical conduct; represents self / profession with class & dignity

   | 5 | 4 | 3 | 2 | 1 | NA |
---|---|---|---|---|---|----|

9. **Stress Management:** exhibits effective coping behaviors; adapts well to changes; identifies stressors in life

   | 5 | 4 | 3 | 2 | 1 | NA |
---|---|---|---|---|---|----|

10. **Time Management:** maximal benefit from minimal time investment; prioritizes limited time; prompt

    | 5 | 4 | 3 | 2 | 1 | NA |
EVALUATOR: Please honestly comment on the following items. You are welcome to attach a letter, if so, please address each of the following items for the candidate.

1. How long and in what capacity do you know the applicant?

2. Please discuss the applicant’s experience in athletic training or health care related areas.

3. Please detail the applicant’s observable strengths.

4. Please describe any areas in which applicant might improve.

5. Other comments that may help the ATP Selection Committee.

If you have any questions or concerns please contact the CSUF – ATP Director (Robert Kersey, PhD, ATC) at (657) 278-3430 or athtmgedprg@fullerton.edu. We prefer that once the ATP Recommendation Form is complete, you sign, date, and then seal it in an envelope with your signature over the flap. To return the letter directly to CSUF, please address it to Robert Kersey, Cal State Fullerton University, 800 North State College Blvd. Fullerton, CA, 92831. You can email the recommendation as a PDF to rkersey@fullerton.edu. Thank you for your time.

Name: ___________________________ Position/Title: ___________________________

Signature: ___________________________ Date: ____________

Telephone: ___________________________ E-mail: ___________________________