



IOWA STATE UNIVERSITY ATHLETIC TRAINING REFERENCE FORM

The person listed below is applying to the Athletic Training Education Program at Iowa State University. We would appreciate your assistance by completing and returning this form to the applicant in a sealed envelope with your signature across the flap. The student will then submit this form with his/her application, transcripts, etc.

The field of Athletic Training requires social skills and close personal contact with many people. There are certain characteristics that are essential in a person who will be in close personal contact with the public and who will be providing specialized health care as an athletic training student

Please rate the applicant on the following characteristics

1 = needs improvement, 2 = below average, 3 = average, 4 = above average, 5 = superior

1. Personal appearance-grooming, cleanliness, neatness	1	2	3	4	5
2. Personality-disposition, tact, courtesy	1	2	3	4	5
3. Social behavior-interpersonal relationships, poise, composure	1	2	3	4	5
4. Integrity-reliability, dependability, conscientiousness, trustworthiness	1	2	3	4	5
5. Cooperation-respect for authority, ability to work with others	1	2	3	4	5
6. Emotional Stability-self-control, judgment in emergencies, ability to handle stressful situation	1	2	3	4	5
7. Intellectual ability-logical thought, common sense, judgment, problem solving ability	1	2	3	4	5
8. Work habits-professionalism, motivation, decisiveness, time management skills	1	2	3	4	5

Additional comments about this applicant may help us in our selection process. Please feel free to write these comments on the back of this page

I have answered the questions on this form to the best of my knowledge. It is my understanding that the applicant will not see this form.

Your Name: _____

Position: _____

Place of Employment: _____

Address: _____

Phone: _____

In what capacity do you know the applicant?

Signature

Date

Reference form should be returned to the applicant in a sealed envelope with your signature across the flap.

I hereby waive my right to see this evaluation and I understand that it will be given to me in a sealed envelope that I will submit to the athletic training education program coordinator at the time of application. I understand that the person filling out this reference form knows that I will not see the completed form

Student Name

Student Signature