Arkansas State University Physical Therapist Assistant Program Application Packet

Dear Applicant,

Thank you for expressing an interest in the Physical Therapist Assistant Program at Arkansas State University (A-State). Enclosed are the forms and instructions necessary to initiate the application process for this program. Please review the entire packet and read the instructions carefully before completing the forms.

The Physical Therapist Assistant Program at A-State is an associate-level program that begins in the first summer term each year, is one year in length, is designed to prepare a generalist physical therapist assistant and to foster lifelong learning and development. The Associate in Applied Science (AAS) degree is awarded upon successful completion of the program. In addition to classroom and laboratory experiences, each student engages in 16 weeks of full-time clinical education experiences.

Admission to the Physical Therapist Assistant Program is a competitive process. Up to thirty (30) students are admitted each year on the Jonesboro campus and up to twelve (12) students on the Mountain Home campus. In order to produce graduates who will be competent to serve in the many roles required of a physical therapist assistant, the faculty values a mature applicant, one who has demonstrated his/her academic and cognitive abilities as well as his/her personal and professional potential. Applicants to the program should possess the following minimum qualifications:

- Be an A-State System student. If you are not currently an A-State student but have been a student in the past, you are qualified to submit a PTA application. For admissions information, contact the Admissions Office, PO Box 1630, State University-Jonesboro, AR 72467. Phone: 800-382-3030 www.astate.edu/info/admissions
- Be aware of the Abilities and Skills of the Physical Therapist Assistant (page 2 of this packet)
- Complete the required prerequisite coursework (see page 5 of this packet) prior to admission

The application deadline for any given year is March 1. All application materials must be received on or before March 1 of each year. Any application materials received after this date will be classified as late and will not be processed for the class beginning in that year. In addition, the Admissions Committee must be able to verify that the applicant has made application to A-State. Applicants for whom the Admissions Office has not received a completed application packet by March 1 will not be considered to have completed the application process. Therefore, those applications may not be processed for that year. Out-of-state applicants should submit their A-State applications early enough to avoid this problem.

Pre-application advising is available for all students interested in the Physical Therapist Assistant Program. Please contact the Department of Physical Therapy office to speak with a faculty advisor.

Contact information:

Physical Therapist Assistant Program
College of Nursing and Health Professions
Arkansas State University
PO Box 910
State University-Jonesboro, AR 72467

Phone: 870-972-3591 Fax: 870-972-3652

Internet: www.astate.edu/conhp/pt

Arkansas State University is an equal opportunity institution and will not discriminate on the basis of race, color, religion, sex, national origin, age, disability or other unlawful factors in employment practices.

ABILITIES AND SKILLS OF THE PHYSICAL THERAPIST ASSISTANT

The A-State Physical Therapist Assistant Program affirms that all students enrolled in the physical therapist assistant program must possess the intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty for safe professional practice.

A student desiring to become a physical therapist assistant candidate must have the abilities and skills necessary for use of the physical therapy process. These skills and abilities include observation, communication, motor ability, conceptualization, integration and quantification, and behavioral/social acceptability. Technological compensation can be made for some handicaps in certain areas, but a candidate should be able to perform in a reasonable independent manner. The use of a trained intermediary is not acceptable because a candidate's judgment must not be mediated by someone else's power of observation and selection.

The following abilities and skills are necessary to meet the requirements of the curriculum:

Observation:

The candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and tactile sensation. It is enhanced by the functional sense of smell.

Communication:

The candidate must be able to speak, hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but also reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

Motor:

Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other assessment maneuvers. A candidate must have sufficient motor skill to gain access to clients in a variety of care settings and to manipulate the equipment central to the treatment of patients receiving physical therapy. Such actions require coordination of both gross and fine muscular movement, equilibrium, and functional use of the senses of touch and vision. Examples of required fine motor skills would include assessment of vital signs, application of dressings, debridement of wounds, tissue palpation and manual testing. Examples of required gross motor skills would include, but not be limited to, positioning clients in bed, gait training, transfer training, balance training, therapeutic exercise, and maneuvering in confined spaces. In addition, the candidate should be able to lift and carry a minimum of 35% of his or her own body weight. Also the candidate should be able to sit, bend, reach and/or walk and stand for most of the day.

Intellectual-Conceptual, Integrative, and Quantitative Abilities:

These abilities include measurement, calculation, reasoning, analysis, synthesis, and evaluation. Problem solving, the critical skill demanded of physical therapist assistants, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

Behavioral and Social Attributes:

A candidate must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the care of patient, and the development of mature, sensitive, and effective relationships with patients and coworkers. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interests, and motivation are all personal qualities necessary for physical therapy.

Arkansas State University Physical Therapist Assistant Program Application Checklist

The Admissions Committee of the A-State Physical Therapist Assistant Program suggests that students interested in making application to the program follow the checklist below to help ensure that all necessary application steps are completed in an appropriate and timely manner. This checklist is for personal use only and need not be submitted with the application materials. **The deadline for all materials to be received is March 1 of any given year.**

Check those items submitted to the Admissions Office, Arkansas State University, PO Box 1630, State University-Jonesboro, AR 72467.

□ A-State Application for Undergraduate Admission and associated documents and fees. The undergraduate application should be completed first. A student cannot be fully admitted to the Physical Therapist Assistant Program until he/she has been admitted to the university. Undergraduate application packets can be requested by mail at the above address, requested by phone at 1-800-382-3030 (toll-free) or downloaded from the Admissions Office's web site at www.astate.edu/info/admissions. If you have been issued an A-State ID number in the past, but are not currently enrolled as an A-State student, you have met this requirement. You do not need to be currently enrolled in classes to be an eligible applicant.

Check those items submitted to the Physical Therapist Assistant Program:

| Physical Therapist Assistant Application for Admission (page 4 of this packet) |
|--|
| Completed Prerequisite Coursework Worksheet (page 5 of this packet) |
| Transcript from each college/university attended (unofficial copies are acceptable) |
| Volunteer Evaluation of Physical Therapist Assistant Applicant (page 6 of this packet) |
| Observation Evaluation of Physical Therapist Assistant Applicant (page 7 of this packet) |
| OR Reference Fuel estimation (if we had be absorbed to the COVID 10 restrictions (see a 0 of this resolut) |

□ Completed Demographics Form (page 8 of this packet)

Application materials can be submitted to the PT office, the office of the PTA Program Director or mailed in one envelope to Physical Therapist Assistant Program, College of Nursing and Health Professions, P.O. Box 910, Arkansas State University, State University-Jonesboro, AR 72467. Submitted materials become the property of the Department of Physical Therapy. We recommend that applicants make copies of all submitted materials for their personal records.

Admissions Process

Applicants will be scored on the following items:

- Academic/Cognitive Measures
 - Cumulative GPA (all applicants: 10%)
 - Prerequisite Coursework GPA (all applicants: 25%)
 - Reading Comprehension Test (top applicants: 25%)
- Non-Cognitive Measures
 - Volunteer Form (all applicants: 10%)
 - Observation Form OR Reference Form* (all applicants: 10%)
 *for those students unable to observe due to accessibility related to COVID-19 restrictions
 - o Interview (top applicants: 20%)

All applicants will be considered based on cumulative GPA, prerequisite GPA, volunteer form and observation form (or reference form). The top applicants will then be scheduled for the Reading Comprehension Test. Those applicants scoring above the minimal acceptable score (college sophomore level) will then be invited to participate in the interview process. The final cohort of students will be selected following the interview. The remaining interviewed applicants will be placed on the alternate list.

Arkansas State University Physical Therapist Assistant Program Application for Admission

| (Pleas | e check the appropriate cam | ous) Jonesboro | Mt Home |
|--|---|---|---|
| Name: Last | First | | ASU ID |
| Mailing Address: | City | State | Zip Code |
| Phone Number: | E-mail Add | lress: | |
| Please list all colleges/unive | ersities attended. | | |
| Name of Institution | Location | Dates of Attendance | Degree Received, if any |
| | | | |
| | | | |
| | | | |
| competentes en el hablar de español. El crédito de sobre de habilidad española es da contacto con el programa de habilidad de lengua espa | idad en la región ASU para aba e la lengua española. Por favor sueldo es dado a candidatos q da en el campus ASU por nues e Terapia Físico directamente ñol. (Indicate with an "X" if yo d Skills of the Physical Therapi ing that I possess the necessa | compruebe aquí si usted es ue pueden demostrar la hab tra facultad de idioma extra para quedar una fecha y el ti u are fluent in the Spanish la | muy competente en ilidad española. La prueba njero. Por favor póngase en empo en tomar el examen nguage) |
| Claushus | | | |
| PTA program or meet the conditional admittance pen responsibility of the studen plans to apply for licensure a physical therapist assistant I have read and understand | agrounds may not be able to oriteria for professional licensuding criminal background chet to inquire with the respective as to whether a criminal recont or practice in certain setting that a criminal background ced with this process is my respective. | re. Therefore, the top appli ecks. If a student has a crimi re state board of physical th rd may limit the student's a gs. heck will be conducted if I a | cants will be given nal record, it is the erapy in which the student bility to obtain licensure as |
| Signature | | Date | |

Arkansas State University Physical Therapist Assistant Program Prerequisite Coursework Worksheet

In the table below, please indicate the courses that you have taken that meet the prerequisite coursework requirements for the Physical Therapist Assistant Program. Applicants who are uncertain if a course they have taken meets one of the prerequisites should consult a faculty advisor by contacting the Department of Physical Therapy office at 870-972-3591. Write IP (in progress) for prerequisite courses in which you are currently enrolled. Students admitted to the PTA Program will be required to submit proof of successful completion of all prerequisite coursework prior to being allowed to begin PTA coursework. Failure to successfully complete the prerequisites will result in the student being denied a spot in the PTA Program.

| Prerequisite Course | Course Number and Name | Institution | Semester/Year course taken | Credit Hours | Letter Grade |
|--|------------------------|-------------|----------------------------|-----------------|-----------------|
| ENG 1003 Composition I | | | | | |
| ENG 1013 Composition II | | | | | |
| MATH 1023 College Algebra | | | | | |
| POSC 2103 American Govt OR HIST 2763 OR HIST 2773 U.S. History | | | | | |
| PSY 2013 Intro to Psychology | | | | | |
| PTA 1013 Making Connections in Rehab Services BIO 2203 | | | | | |
| Human A&P I | | | | | |
| BIO 2201 Human A&P I lab | | | | | |
| PHYS 2133 Survey of Physics OR PHYS 2054 General Physics I | | | | | |

| (Will be calculated by PTA Admissions | Committee) |
|---------------------------------------|------------|
| Prerequisite GPA: | |
| Cumulative GPA: | |

Arkansas State University Physical Therapist Assistant Program Volunteerism Evaluation of Physical Therapist Assistant Applicant

| To Be Comple | ted By Applicant: | | | | | | |
|--|---|-------------------------------------|--|---|--|--|---|
| Applicant's Na | ame: | | | | | | |
| | hat this evaluation is confidential. I waive my rights of access u 1974, or other laws, regulations or policies. (Applicants are <u>NO</u> | | | | | | _ |
| Applicant's Sig | gnature: | | | | | | |
| Program is recompled application produced applicati | tor: The above-named applicant to the Arkansas State University questing an evaluation of his/her volunteer performance from years volunteering in a setting or for an agency of his/her choice. It is of the following qualities and evaluate the applicant according occess is greatly appreciated. In this form, please place it in an envelope, seal the envelope are applicant who will forward it to the Physical Therapist Assistant application materials. This procedure allows the applicant to keep submit a complete application packet by our deadline. Please setter of evaluation. Thank you for your assistance. | ou. Duri ngly and at Pi | The ng t r. You sign rogr v tha | e ap his v our a it a am at he | plica volu assis cros Dire e/sh | ntee tanc s the ctor, e ha | er experience, the in the eseal. Then the unopened, with sall necessary |
| I. Rate to what | t extent the applicant appears to possess the attributes listed b | elov | v. P | leas | e us | e th | e following scale: |
| c | D=not observed, 1=below average, 2=average, 3=above averag | e, 4 | =ou | tsta | ndir | ng | |
| E | xhibited interest in and knowledge of this volunteer activity | 0 | 1 | 2 | 3 | 4 | |
| | nteracted appropriately with staff | 0 | 1 | 2 | 3 | 4 | |
| | Communicated effectively | 0 | 1 | 2 | 3 | 4 | |
| - | Was on time and appeared to be dependable | 0 | 1 | 2 | 3 | 4 | |
| | Exhibited professionalism (attitude, dress, etc) | 0 | 1 | 2 | 3 | 4 | |
| | Demonstrated sincerity, enthusiasm, patience, etc | 0 | 1 | 2 | 3 | 4 | |
| | Exhibited evidence of psychological maturity and stability | 0 | 1 | 2 | 3 | 4 | |
| | Raised relevant questions | 0 | 1 | 2 | 3 | 4 | |
| | Recognized own stressors or problems in this setting | 0 | 1 | 2 | 3 | 4 | |
| С | Demonstrated initiative | 0 | 1 | 2 | 3 | 4 | |
| II. General Comments: You may use this space below to make further comments about the applicant if you so desire. | | | | | | | |
| Evaluator's Sig | gnature: | Date | e: | | | | |
| Please print n | ame: Title: | | | | | | |
| Organization: | | | | | | | |

Arkansas State University Physical Therapist Assistant Program

Observation Evaluation of Physical Therapist Assistant Applicant

(If unable to observe due to COVID-19 restrictions, complete the Reference Evaluation, p. 9)

| To Be Completed By Applicant: | | | | | | |
|--|--|--|--|---|---|---|
| Applicant's Name: | | | | | | |
| I understand that this evaluation is confidential. I waive my rights of access of Privacy Act of 1974, or other laws, regulations or policies. (Applicants are NC | | | | | | |
| Applicant's Signature: | | | | | | |
| To the Evaluator: The above-named applicant to the Arkansas State University Program is requesting an observation evaluation from you. The applicant is a PT or PTA in a clinical setting. During this observation, please take note of the applicant accordingly. Your assistance in the application process is great After completing this form, please place it in an envelope, seal the envelope return it to the applicant who will forward it to the Physical Therapist Assistathe remaining application materials. This procedure allows the applicant to documents to submit a complete application packet by our deadline. Please date for this letter of evaluation. Thank you for your assistance. 1. Rate to what extent the applicant appears to possess the attributes listed by the procedure of the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes listed by the procedure allows the applicant appears to possess the attributes are applicant appears to possess the attributes applicant appears to possess the attributes are applicant a | req the ly a and int l kno coi | uire foll pprod Yrog w tl nfirr | d to owin ecia gn it gram hat h m wi | speng queted. acro acro n Dir ne/s th t | end ² Juali oss t ecto she h he a | 4-6 hours observing ties and evaluate the seal. Then or, unopened, with has all necessary upplicant the due |
| 0=not observed, 1=below average, 2=average, 3=above average | ge, | 4=o | utst | and | ing | |
| Exhibited interest in and knowledge of physical therapy | 0 | 1 | 2 | 3 | 4 | |
| Interacted appropriately with patients and staff | 0 | 1 | 2 | 3 | 4 | |
| Communicated effectively | 0 | 1 | 2 | 3 | 4 | |
| Was on time and appeared to be dependable | 0 | 1 | 2 | 3 | 4 | |
| Exhibited professionalism (attitude, dress, etc) | 0 | 1 | 2 | 3 | 4 | |
| Demonstrated sincerity, enthusiasm, patience, etc | 0 | 1 | 2 | 3 | 4 | |
| Exhibited evidence of psychological maturity and stability | 0 | 1 | 2 | 3 | 4 | |
| Raised relevant questions | 0 | 1 | 2 | 3 | 4 | |
| Recognized own stressors or problems in the clinical setting | 0 | 1 | 2 | 3 | 4 | |
| Demonstrated initiative | 0 | 1 | 2 | 3 | 4 | |
| III. General Comments: You may use this space below to make further comm desire. | ient | s ak | oout | the | e app | olicant if you so |
| Evaluator's Signature: | Da | te: _ | | | | |
| Please print name: Title: | | | | | | |
| Organization: | | | | | | |

Arkansas State University Physical Therapist Assistant Program Demographics Form

For reporting and accreditation purposes, we ask that you complete the following page and return it with your application. Information contained on this page is not used in making application decisions.

| Γoday's dat | e: | | | | | | |
|-------------|---|------------|----------------------------|-------------------|----------------|----------------|----|
| am applyir | ng for the PTA class that begin | s in the s | summer of | (inc | licate year). | | |
| Are you | u currently a student at ASU? | Yes | No | | | | |
| Gende | : Male Female | | | | | | |
| Age: _ | | | | | | | |
| Racial/ | Ethnic Information: | | | | | | |
| 0 0 0 0 0 | White/non-Hispanic Black/non-Hispanic Hispanic American Indian Asian/Pacific Islander Other (please specify) Dual ethnicities | | | | | | |
| (| write in the city () of your) and co | home. I | f you live outsid e | e the U.S., pleas | e indicate yοι | ate ur city | |
| | indicate in the space below ho ist Assistant Program. | ow you fi | irst learned abou | it the Arkansas S | State Universi | ty Physica | ıl |
| | | | | | | | |
| | | | | | | | |
| Did you | ı participate in your high schoo If so, in what city did you pa | | | sored by Farm E | Bureau? | Yes | No |

Arkansas State University Physical Therapist Assistant Program

Reference Evaluation of Physical Therapist Assistant Applicant (To be completed only if unable to observe due to COVID-19 restrictions)

| Interacts appropriately with others 0 1 2 Communicates effectively 0 1 2 Is dependable 0 1 2 Exhibits professionalism (attitude, dress, etc) 0 1 2 Demonstrates sincerity, enthusiasm, patience, etc 0 1 2 Exhibits evidence of psychological maturity and stability 0 1 2 Is inquisitive 0 1 2 Recognizes own stressors/deals with stress appropriately 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | |
|--|---------------------------|--------------------------------|--|
| Privacy Act of 1974, or other laws, regulations or policies. (Applicants are NOT per Applicant's Signature: | | | |
| To the Evaluator: The above-named applicant to the Arkansas State University Phy Program is requesting a reference evaluation from you. If you do not know the applicant to have a recommendation from someone who knows him or her well, so please content to have a recommendation from someone who knows him or her well, so please content to have a recommendation from someone who knows him or her well, so please content to have a recommendation from someone who knows him or her well, so please content to have a recommendation from someone who knows him or her well, so please content to have a recommendation from someone who knows him or her well, so please content to have a recommendation from someone who knows him or her well, so please content to he process, and we great and frank appraisal of the applicant. This form has been designed to obtain the spettherefore it is important that you utilize it primarily in your evaluation and submit a need to present information not covered on the form. After completing this form, please place it in an envelope, seal the envelope and signeture it to the applicant who will forward it to the Physical Therapist Assistant Prothe remaining application materials. This procedure allows the applicant to know to documents to submit a complete application packet by the deadline. Please confired date for this letter of evaluation. Thank you for your assistance. I. Rate to what extent the applicant appears to possess the attributes listed below. O=not observed, 1=below average, 2=average, 3=above average, 4=comminicates effectively interacts appropriately with others Communicates effectively is listed below. Exhibits interest in and knowledge of physical therapy interacts appropriately with others Communicates effectively is listed below. Exhibits professionalism (attitude, dress, etc) is inquisitive is inquisitive is inquisitive in the professionalism (attitude, dress, etc) is inquisitive is inquisitive in the professionalism (attitude, dress, etc) is inquisitive in the profession | | | |
| Program is requesting a reference evaluation from you. If you do not know the app the following form, please return it to him/her. It is more helpful for the applicant to have a recommendation from someone who knows him or her well, so please considerable. Reference evaluations play an important role in our selection process, and we great and frank appraisal of the applicant. This form has been designed to obtain the spet therefore it is important that you utilize it primarily in your evaluation and submit a need to present information not covered on the form. After completing this form, please place it in an envelope, seal the envelope and signeturn it to the applicant who will forward it to the Physical Therapist Assistant Prothe remaining application materials. This procedure allows the applicant to know to documents to submit a complete application packet by the deadline. Please confir date for this letter of evaluation. Thank you for your assistance. I. Rate to what extent the applicant appears to possess the attributes listed below. O=not observed, 1=below average, 2=average, 3=above average, 4=communicates effectively Is dependable Exhibits interest in and knowledge of physical therapy Interacts appropriately with others Communicates effectively Is dependable Exhibits professionalism (attitude, dress, etc) Demonstrates sincerity, enthusiasm, patience, etc Exhibits evidence of psychological maturity and stability Is inquisitive Recognizes own stressors/deals with stress appropriately Demonstrates initiative O 1 Employed the applicant application and stability of the applicant application application and stability of the applicant application applicant application application application applica | | | |
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| return it to the applicant who will forward it to the Physical Therapist Assistant Pro the remaining application materials. This procedure allows the applicant to know t documents to submit a complete application packet by the deadline. Please confir date for this letter of evaluation. Thank you for your assistance. I. Rate to what extent the applicant appears to possess the attributes listed below. O=not observed, 1=below average, 2=average, 3=above average, 4=communicates in and knowledge of physical therapy 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ecific | info | ormation we desire, |
| Interacts appropriately with others Communicates effectively Is dependable Exhibits professionalism (attitude, dress, etc) Demonstrates sincerity, enthusiasm, patience, etc Exhibits evidence of psychological maturity and stability Is inquisitive Recognizes own stressors/deals with stress appropriately Demonstrates initiative O 1 III. General Comments: You may use this space below to make further comments a | gram hat h m wit | n Dir ne/s th tl | rector, unopened, with he has all necessary he applicant the due use the following scale: |
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| Exhibits professionalism (attitude, dress, etc) Demonstrates sincerity, enthusiasm, patience, etc Exhibits evidence of psychological maturity and stability Is inquisitive Recognizes own stressors/deals with stress appropriately Demonstrates initiative O 1 2 Recognizes own stressors/deals with stress appropriately O 1 3 O | 2 3 | | |
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| Exhibits evidence of psychological maturity and stability 0 1 2 | 2 3 | | |
| Is inquisitive 0 1 2 Recognizes own stressors/deals with stress appropriately 0 1 2 Demonstrates initiative 0 1 2 III. General Comments: You may use this space below to make further comments a | | | |
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| Demonstrates initiative 0 1 3 | 2 3 | _ | |
| III. General Comments: You may use this space below to make further comments a | 2 3 | _ | - |
| | | | applicant if you so |
| Evaluator's Signature: Date: Please print name: Title: | | | |