

Applicant Name \_\_\_\_\_

Dalton State College  
**Associate of Applied Science Degree in Respiratory Therapy Technology**  
Applicant Recommendation – Page 1 of 2

**Instructions**

**To the applicant:** Please give this form to the person chosen to provide this recommendation for you. This person should not be a friend or family member, but rather someone who is able to evaluate your personal characteristics such as an employer, teacher, coach, clergy member, physician, or counselor, etc.

**To the person completing the recommendation form:** This individual is applying for admission to Dalton State College's Respiratory Therapy program. We consider the following characteristics to be important for the success of the students in this program. Please evaluate each of these personal characteristics of the applicant by circling the most appropriate choice on the following scale. Please feel free to provide any additional comments on the back of this form.

**5 = Strongly agree, 4 = Agree, 3 = Neutral (Acceptable), 2 = Disagree, 1 = Strongly disagree, NA = Unable to evaluate**

Responsibility – Accountable for one's actions	5	4	3	2	1	N/A
Leadership – Has the capacity to direct others	5	4	3	2	1	N/A
Initiative – Motivated to pursue actions independently	5	4	3	2	1	N/A
Flexibility – Adapts to new or changing situations	5	4	3	2	1	N/A
Organization – Able to arrange or order tasks efficiently	5	4	3	2	1	N/A
Self-Confidence – Assured in one's abilities and skills	5	4	3	2	1	N/A
Independent work – Completes tasks with minimal supervision	5	4	3	2	1	N/A
Verbal Communication – Expresses self effectively	5	4	3	2	1	N/A
Written communication – Writes clearly and effectively	5	4	3	2	1	N/A
Stress Response – Maintains composure & ability to function	5	4	3	2	1	N/A
Attitude – Positive approach to assignments and coworkers	5	4	3	2	1	N/A
Manual Dexterity – Ability to perform hands-on skills	5	4	3	2	1	N/A
Team Player – Able to work as part of a group	5	4	3	2	1	N/A
Accepts Supervision – Willing to learn	5	4	3	2	1	N/A
Maturity – Demonstrates common sense, self control, tact	5	4	3	2	1	N/A
Dependability – Reliable, follows through on tasks	5	4	3	2	1	N/A
Perseverance – Doesn't give up easily	5	4	3	2	1	N/A
Decision Making – Analyzes facts and formulates solutions	5	4	3	2	1	N/A
Knowledge Application – Can apply what has been taught	5	4	3	2	1	N/A

Applicant Name \_\_\_\_\_

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**Associate of Applied Science Degree in Respiratory Therapy Technology**  
Applicant Recommendation – Page 2 of 2

**Additional Comments**

Please use this section of the Applicant Recommendation Form to provide your assessment of the applicant's strengths, particularly those strengths not already addressed, as well as any areas in which you feel the applicant needs improvement.

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**Your relationship to applicant:**

\_\_\_\_\_ Advisor    \_\_\_\_\_ Teacher    \_\_\_\_\_ Supervisor    \_\_\_\_\_ Employer  
\_\_\_\_\_ Other (Please describe \_\_\_\_\_)

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant? \_\_\_\_\_

Do you    \_\_\_\_\_ Highly Recommend    \_\_\_\_\_ Recommend  
          \_\_\_\_\_ Recommend with reservation    \_\_\_\_\_ Not Recommend

this applicant?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Title \_\_\_\_\_

Institution/Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

May someone contact you about this applicant? \_\_\_\_\_ Yes    \_\_\_\_\_ No

Thank you. To assist the applicant in completing the application process, we ask that you seal this recommendation in an envelope and sign your name across the flap before returning it to the applicant.

Or if you prefer, you may mail this form directly to: Dalton State College  
Respiratory Therapy Program  
650 College Drive  
Dalton, GA 30720

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