

Wright State University



Adapted Physical Education Program Recommendation Form

The named student is applying for admission to the Adapted Physical Education Program. As a part of the admissions process, candidates are asked to seek the recommendations of individuals familiar with their work, and who can speak to the applicant's desire to be an adapted physical educator. Complete the numerical rating below.

Please return this form to: **G. William Gayle, Ph.D.; CAPE**
Wright State University
HPR Dept. – 316 Nutter Ctr.
3640 Colonel Glenn Highway
Dayton, OH 45435-0001

 Applicant's Last Name First MI SS # (please print or type)

I hereby provide permission for this reference form to be completed by the person noted below.

 Applicant Signature / Date

Please circle a number in each box.

	Outstanding	Above Average	Average	Unacceptable	NA
Dependability	9 8 7	6 5 4	3 2 1	0	
Ability to work with others	9 8 7	6 5 4	3 2 1	0	
Academic performance in content area	9 8 7	6 5 4	3 2 1	0	
Interest in the profession	9 8 7	6 5 4	3 2 1	0	
Relation with peers & supervisors	9 8 7	6 5 4	3 2 1	0	
Job performance (if applicable)	9 8 7	6 5 4	3 2 1	0	
Attendance	9 8 7	6 5 4	3 2 1	0	
Speed of Learning New Tasks	9 8 7	6 5 4	3 2 1	0	
Problem Solving	9 8 7	6 5 4	3 2 1	0	

Should you desire to provide additional written information, please do so on the back of this form.

 Last Name First MI Title (please print or type)

 Signature / Date

Relationship to Applicant _____
 Per Ohio Revised Code & the Family Educational Rights & Privacy Act, the applicant can view this document.