## Return To: Marion Technical College MASSAGE THERAPY PROGRAM 1014 S.W. 7<sup>th</sup> Road Ocala, FL 34471

## **RECOMMENDATION FORM**

Аp	oplicant Name:Please Print								
	Please Print (*By my signature, I authorize the person below to answ	wer the following questions	to the best of their ability and so	Signature* ubmit this form to MC	CSPRP).				
NC	OT TO BE COMPLETED BY FRIENDS OR FAMIL	Y. ONLY PROFESSION	NAL REFERENCES. FORM	MAY BE FAXED T	O: (352) 6	71-7221.			
1\	H. J.			и. с					
1)	•	How do you know this individual?				-			
2)	Do you feel this individual would adapt and	d excel in a health scie	ence for Massage Therapy	?Yes	No	Not Sure			
Co	omments:								
3)	I have observed the following attributes in this individual (only check those that apply):  Cheerfulness Self-Motivation Good Attendance Maturity Self-Confidence Team Player Dependability Initiative Multi-Tasking Honesty Punctual Time Management		Pro	Critical Thinking Problem Solving Good Communication					
4)	What do you feel is this individual's greates	st <b>strength</b> ?							
5)	In your observation, is there something that	it is <b>challenging</b> for th	is individual in which he	or she could impr	ove?				
6)	Give an example of how this individual has	s demonstrated <b>persev</b>	erance to achieve a goal o	or accomplish sor	nething im	portant.			
7)	Additional comments:								
Sig	gnature (person making recommendation):	:				-			
Pr	rint Name:	Title/Cred	ential	Date					
Co	ontact Phone Number								

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## **RECOMMENDATION FORM**

Ap	oplicant Name:Please								
	Please (*By my signature, I authorize the person be	Print elow to answer the follow	wing questions to t	he best of their ability and su	Signature* bmit this form to M	CSPRP).			
NO	OT TO BE COMPLETED BY FRIENDS	OR FAMILY. ONLY	PROFESSIONAL	REFERENCES. FORM	MAY BE FAXED	TO: (352) 6	571-7221.		
1)	How do you know this individual	?			# o	# of years			
2)	Do you feel this individual would	adapt and excel in a	a health science	e for Massage Therapy	?Yes	No	Not Sure		
Co	omments:								
3)	I have observed the following attrum.  Cheerfulness  Maturity  Dependability  Honesty	ibutes in this individual Self-Motivation Self-Confidence Initiative Punctual	· —	k those that apply): Good Attendance Team Player Multi-TaskingTime Management	Pro	tical Think bblem Solv od Commu	ing		
4)	What do you feel is this individua	l's greatest <b>strengtl</b>	<b>h</b> ?						
5)	In your observation, is there some	ething that is <b>challe</b>	enging for this i	ndividual in which he	or she could imp	rove?			
6)	Give an example of how this indiv	vidual has demonstr	rated <b>persevera</b>	ance to achieve a goal o	or accomplish so	mething in	nportant.		
7)	Additional comments:								
Sig	gnature (person making recomme	ndation):					_		
Pri	rint Name:		Title/Credent	tial	Date				
Co	ontact Phone Number								