



Doctor of Physical Therapy RECOMMENDATION FORM

Applicant to complete:

Applicant _____
Last Name First M.I. Name of Reference (Please Print)

The Family Educational Rights and Privacy Act entitles you to review this reference or to waive the right to access. Please indicate whether or not you wish to review this reference and sign below.

I retain my right to review this recommendation. I waive my right to review this recommendation.

Applicant's Signature: _____ Date: _____

Reference to Complete:

Reference Name: _____ Daytime Phone: _____

Position: _____ Date Completed: _____

Institute: _____ Department/Division: _____

E-Mail Address: _____

Address: _____

How long have you known this applicant? _____

How well do you know this applicant? Well Moderately Not well

With what organization or institution were you affiliated when you interacted with this applicant?

Circle the role that best describes your primary interaction with the applicant?

Academic (Instructor or Academic Advisor) Professional (Employer/Observed PT)

Are you a licensed Physical Therapist? Yes No

Your PT license #: _____

If you are a professor, list courses in which you had the applicant as a student:

Please rank the applicant on the following characteristics:

	Excellent	Good	Average	Below Average	Poor	Not observed
Commitment to Learning						
Interpersonal Skills						
Communication Skills						
Effective Use of Time						
Use of Constructive Feedback						
Ethical and Professional Behavior						
Responsibility						
Critical Thinking						
Stress Management						
Problem Solving						
Leadership						



Doctor of Physical Therapy RECOMMENDATION FORM

Taking into consideration these characteristics, please rate the applicant as a future healthcare provider:

- Highly recommend this applicant as a health care provider
- Recommend this applicant as a health care provider
- Recommend this applicant as a health care provider, but with some reservations
- Am not able to recommend this applicant as a health care provider

Letter/Comments:

RETURN FORM TO:

Mona McAuliffe, Graduate Admissions, Walsh University, 2020 East Maple Street, North Canton, Ohio 44720