

## Recommendation

Name of Applicant \_\_\_\_\_  
Last First Middle

**Reference Instructions:** The following form is for your frank evaluation of the applicant. You will be asked to rate the applicant on several traits as well as answer questions based on your relationship with the applicant. Please provide your response directly into the options and spaces provided.

Name and Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

How well do you know the applicant?

Not at all                      Slightly                      Somewhat                      Very well                      Extremely well

Please rate the applicant in terms of the following qualities:

Average/  
Poor  
(Lower 50%)                      Good  
(Top 50%)                      Excellent  
(Top 20%)                      Outstanding  
(Top 10%)                      Superior  
(Top 2%)                      No basis for  
judgment.

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Intellectual and academic ability						
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Analytical ability						
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Ability to work well with others						
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Tenacity; perseverance toward goals						
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Motivation for academic study						
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Ability to complete work by established deadlines						
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Maturity and judgment.						
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Accepts responsibility for own actions						
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Integrity						
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Self-confidence						
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Ability to accurately self-assess						
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Leadership ability						
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Respect and empathy						
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Clinical potential						
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Verbal communication						
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**We would be most appreciative if you would tell us what makes this applicant especially promising for graduate study and a future health care professional. If, for any reason, you have substantial reservations about the candidate's potential for success in a Doctor of Physical Therapy program, please explain.**

**In addition, please answer the questions listed in one of the following options (A, B or C) based on your relationship to the applicant (please select the option(s) you are responding to):**

\_\_\_Option A (for clinical supervisors) - What are this applicant's strongest skills/characteristics that would make you consider hiring them as a physical therapist in 3 years? What skills/characteristics do you feel this applicant could develop that would benefit them the most to become an ideal physical therapist?

\_\_\_Option B (for academic instructors) - What academic skillsets have you observed that suggest that this applicant can thrive in a rigorous academic setting? Are there any particular observations that you made and/or characteristics of this applicant that made them stand out to you?

\_\_\_Option C (for professional colleagues) - The physical therapy profession will demand a wide range of skillsets. Please comment on why you feel this applicant has the potential to become an excellent health care provider.

**Please type your response, or copy and paste your response from another document, into the field below.**

Signature (Your typed name is your signature)

Date