

TEXAS WOMAN'S UNIVERSITY
School of Physical Therapy

APPLICANT RECOMMENDATION FORM

To the Applicant: Please complete the information at the top of the form and give it to the physical therapist or other individual that will be supplying the remainder of the information after you have completed 20 hours at this facility. **Only one person at each facility may complete a form.** Please make sure the name of the physical therapist or other individual that is supplying the information is **complete and legible.** **This blank form may be copied for additional recommendations.**

When completed by a therapist, the physical therapist must be licensed in the United States or had graduated from an accredited physical therapy entry-level educational program in the United States.

I waive my right I do not waive my right to inspect the contents of this recommendation.

Name of Applicant: _____

Current Address: _____

Signature of Applicant _____

Name and Title of Physical Therapist/Employer/Professor that is supplying the information (please print):

Name / Facility / Title

Facility Name / Street Address

City / State / Zip code / Phone

Applicant: DO NOT write below this line. To be completed by only one therapist or other individual at the facility.

To the Therapist/Employer/Professor: The individual named above has applied for admission to the physical therapy program at Texas Woman's University. He/she has given permission for you to provide reference type of information in order to complete his/her application. The applicant must have completed a minimum 20 hours of volunteer/observation service or employment prior to your completing the reference.

Please complete the entire form. Each item should be rated and *you are encouraged to comment* as needed. Please complete both sides of the form and return the completed and signed form to the student in a sealed envelope with your signature across the seal, or send the form to:

School of Physical Therapy
Texas Woman's University
P.O. Box 425766
Denton, Texas 76204-5766

Fax: 940-898-2853

In the event that something should happen to cause you to wish to alter this evaluation, please contact us at 940-898-2460.

Thank you for your assistance in providing needed information for this applicant.

- Rating scale:**
- 5 One of best I have observed
 - 4 Above average
 - 3 Average
 - 2 Below average
 - 1 Major deficiencies
 - 0 Not observed/Not applicable

1. Appearance	5	4	3	2	1	0
2. Communication skills	5	4	3	2	1	0
3. Demonstrates a concern for others	5	4	3	2	1	0
4. Demonstrates a positive attitude	5	4	3	2	1	0
5. Demonstrates cooperative behavior	5	4	3	2	1	0
6. Dependability	5	4	3	2	1	0
7. Flexibility	5	4	3	2	1	0
8. Interactions with others	5	4	3	2	1	0
9. Maturity	5	4	3	2	1	0
10. Motivation	5	4	3	2	1	0
11. Self-confidence	5	4	3	2	1	0

12. Briefly indicate your overall impression of this applicant's suitability for a career in physical therapy.

Extremely Suitable
 Very suitable
 Suitable
 Unsuitable

Please explain.

13. Would you want this person caring for members of your family?

Yes, without reservation
 Yes, but with reservation
 No
 No comment

Why?

14. Is there anything else that you might think the committee should know about this applicant?

15. Relationship to the Applicant:
 Employer
 Teacher
 Supervisor
 Other

16. How long have you known the applicant? _____

Applicant performed as:

Volunteer/ Observer _____ Approximate number of hours _____ Date _____

Paid Employee _____ Approximate number of hours _____ Date _____

Signature _____ Date _____ License # _____

Position /Title _____ Area of Specialization _____