

RECOMMENDATION FORM

Department of Physical Therapy



Directions for the Applicant:

Complete Part A, save and send form to professor/instructor. Professor/Instructor will complete the remainder of the form and send it, along with a written letter, directly to jeannekw@udel.edu or mail it to ADaPT Program, Department of Physical Therapy, University of Delaware, STAR Health Sciences Complex, 540 S. College Avenue, Suite 210DD, Newark, DE 19713. **NOTE:** Recommendation is to be completed by a professor/instructor of a course you took.

PART A	TO BE COMPLETED BY THE APPLICANT				
NAME (Print)		Last	First	Middle Initial	
Applicant's Email Address				UDID #	
I agree that the recommendation I am requesting shall be held in confidence by officials of the University of Delaware, and I hereby waive any rights I may have to examine it.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
SIGNATURE OF APPLICANT				DATE	
ADDRESS OF STUDENT: Street		City	State	Zip	Phone Number

PART B	TO BE COMPLETED BY THE RECOMMENDER (See mailing directions on next page.)				
Recommender's Name (Print)		Last	First	Middle Initial	
Reference Type (Please check one) <input type="checkbox"/> Professor <input type="checkbox"/> Physical Therapist		Email Address		Phone Number	
How long have you known the applicant? ____ Months ____ Years		How well do you know the applicant? ____ Very well ____ Moderately ____ Minimally ____ Not at all			
Approximately how many references to you submit on behalf of PT applicants each year? _____		Are you a licensed physical therapist? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If you are a physical therapist, please answer the following questions:

Physical therapist institution from which you graduated:

Enter the state(s) in which you are licensed to practice physical therapy:

Enter your PT licensure number: _____

If you are a professor, please answer the following question:

Please list all courses in which you had the applicant as a student:

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PART C TO BE COMPLETED BY THE RECOMMENDER — SUMMARY EVALUATION

How would you rate the applicant for each of the following characteristics? Please select the rating that best describes the applicant in the category. Select "N/O" for not observed, if you have not had an opportunity to evaluate the characteristic or have no basis for the assessment.

	Excellent (5)	Good (4)	Average (3)	Below Average (2)	Poor (1)	N/O (0)
Commitment to Learning -- the ability to self-assess, self-correct and self-direct; identify needs and sources of learning; continually seek new knowledge and understanding.						
Interpersonal Skills - the ability to interact effectively with patients, families, colleagues, other healthcare professionals and the community; deal effectively with cultural or ethnic diversity issues.						
Communication Skills - the ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes.						
Effective Use of Time - the ability to obtain the maximum benefit from a minimum investment of time and resources.						
Use of Constructive Feedback - the ability to identify sources of and seek out feedback; to effectively use and provide feedback for improving personal interaction.						
Ethical and Professional Behavior - the ability to exhibit appropriate ethical and professional conduct and to represent the profession effectively.						
Responsibility - the ability to fulfill commitments, be accountable for actions and outcomes, and to persevere to achieve goals.						
Critical Thinking - the ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, illusions, assumptions; distinguish the relevant from the irrelevant.						
Problem Solving - the ability to recognize and define problems, use imagination and creativity to solve problems, analyze data, develop and implement solutions, and evaluate outcomes.						
Leadership - the ability to take initiative and motivate or guide others; generates ideas and plans or shares a vision for the future.						

Taking into consideration these characteristics, how do you think this person would perform as a health care provider?

Highly recommend Recommend Recommend with reservations Unable to recommend

Statement:

Please attach a letter to this reference form commenting on the ratings above and providing information that will help the admissions office in the application review process.

PART D MAILING DIRECTIONS FOR THE RECOMMENDER

Please complete the recommendation and email it directly to jeannekw@udel.edu. Additionally, you may place your recommendation in an envelope, seal it, sign your name two times over the seal, and mail it to ADaPT Program, Department of Physical Therapy, University of Delaware, STAR Health Sciences Complex, 540 S. College Avenue, Suite 210DD, Newark, DE 19713.

SIGNATURE _____ DATE _____