

EVALUATIONS

EVALUATOR INFORMATION

NAME:

Title:	Daytime Phone:
Occupation:	Date Completed:
Organization:	Status:
Email:	

I waive my right of access to this evaluation:

Are you a licensed Physical Therapist?

How long have you known the applicant?

How well do you know the applicant?

If you are a physical therapist, please indicate the physical therapy institution from which you graduated:

If you are a physical therapist, please indicate in which state you are licensed:

If you are a physical therapist, please enter your PT licensure number:

Select the role that best describes your primary interaction with the applicant:

If you listed "Professor" or "Professor in Major"; above, list all courses in which you have had the applicant (for example: Intro to Chemistry, Chem 101):

Approximately how many references do you submit on behalf of physical therapy applicants each year?

REFERENCE RATINGS

	NOT OBSERVED	POOR (1)	BELOW AVERAGE (2)	Average (3)	Good (4)	Excellent (5)
Commitment to learning:						
Critical thinking:						
Empathy:						
Ethics:						
Interpersonal Skills:						
Leadership:						
Oral Communication:						
Professional Demeanor:						
Response to Criticism:						
Responsibility:						
Stress Management:						
Team Skills:						
Time Management:						
Written Communication:						

RECOMMENDATION CONCERNING ADMISSION

I highly recommend this applicant.	
I recommend this applicant.	
I recommend this applicant with some reservations.	
I do not recommend this applicant.	