

# UNIVERSITY OF RHODE ISLAND PHYSICAL THERAPY PROGRAM

## REFERENCE AND RECOMMENDATION FORM

EVALUATOR: \_\_\_\_\_ APPLICANT: \_\_\_\_\_  
POSITION: \_\_\_\_\_  
AFFILIATION: \_\_\_\_\_  
PHONE: \_\_\_\_\_

The law permits the student to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The applicant's signature below constitutes such a waiver; no signature means that the applicant will have the right to read this reference.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_  
(Do NOT sign if you wish to review this recommendation)

EVALUATOR: Please read carefully before proceeding

The student named above is applying for admission to the URI Physical Therapy Program. Your assistance is requested to assist the Admissions Committee in the identification of those with the highest potential, and the best chance of success. Therefore, you are asked to complete this form and supply any other helpful information regarding this individual. Please feel free to comment on this individual's strengths and areas in need of improvement in the COMMENTS section. If the applicant's signature appears above, she or he has waived the right to review your reference; you may return the form to the applicant to send in. If the applicant has signed above, and has waived the right of review, please seal this reference in an envelope and sign your name across the back flap. Then, either mail it to us directly at the address below or give it to the applicant to mail to us. Please note that we **MUST** be in receipt of this form by our second Friday in January deadline. Thank you for your assistance.

Please send to: Admissions Committee  
Physical Therapy Program  
Independence Square  
University of Rhode Island  
Kingston, RI 02881-0810

How long have you known the applicant?  <3mos,  3-6mos,  6-12mos,  >1yr  
How well do you believe you know this candidate  Very well  Fairly Well  Slightly  
Relationship to applicant:  Academic  Therapist Supervisor  Employer  
Other relationship (please specify) \_\_\_\_\_

Approximately how many other pre-physical therapy candidates have you had the chance to observe?  
 <5  5-10  10-20  20-50  >50

Against other pre-physical therapy candidates you have observed, you would rank this applicant overall as:  
 Best  Top 5%  Top 10%  Top 25%  Top 50%  Bottom 50%

### This section to be filled out by Physical Therapist evaluators only

Total number of clinical hours spent with you = \_\_\_\_\_.

Of these hours, approximately \_\_\_\_\_ % was observation, and \_\_\_\_\_ % was hands-on participation

The type of experience was (check one)  volunteer,  employment, or  earning college credit

Dates of experience: From \_\_\_\_\_ To \_\_\_\_\_

Please also see reverse side =>

**INSTRUCTIONS:**

First, to the left of each of the following categories, please indicate your ability to rate the applicant on a scale of 1-5, based on actual observation; (1 = very little observation, 5 = lots of observation). Then, indicate (with a ✓) your ranking of the applicant on the items relative to other pre-physical therapy students you have observed.

Categories	Items	Best	Top 5%	Top 10%	Top 25%	Top 50%	<50%
_____	Scholarship	Academic and professional subjects					
_____	Intelligence	Logical thought					
		Application / integration of knowledge					
_____	Reliability	Integrity					
		Responsibility					
_____	Industry	Concentration of effort					
		Capacity for sustained effort					
		Attention to detail					
_____	Leadership	Initiative					
		Ability to work with others; tact					
_____	Expression	Self-confidence					
		Attitude toward criticism					
		Sense of humor					
_____	Maturity	Attitude toward unexpected events					
		Altruism					
_____	Communication	Effective in speaking					
		Effective in writing					
_____	Service	High regard for service to others					
_____	Motivation	Drive to become a PT					

**COMMENTS (IMPORTANT)**

Please provide any comments you feel are important. We are particularly interested in your assessment of the applicant's strengths and areas in need of improvement.

Evaluator's Signature \_\_\_\_\_

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