

**UNIVERSITY OF PUGET SOUND 2005 DOCTOR OF PHYSICAL THERAPY PROGRAM
LICENSED PHYSICAL THERAPIST REFERENCE**

This form is to be completed by a licensed physical therapist who has observed your activities as a volunteer or employee in a physical therapy setting.

Part 1: To be completed by the applicant

To: _____
Name of Physical Therapist

Applicant: _____
Name

Physical Therapist's Place of Employment

I waive my right to see this appraisal.

Physical Therapist's Address

Signature of applicant

City State Zip

I do not waive my right to see this appraisal.

Work: () _____
Area code Physical Therapist's Telephone

Signature of applicant

Home: () _____
Area code Physical Therapist's Telephone

REFERENCES ARE SUBJECT TO VERIFICATION.

Part II: To be completed by licensed Physical Therapist.

The above named applicant is applying for admission to the University of Puget Sound Doctor of Physical Therapy Program. Because the Physical Therapy Admission Committee does not use personal interviews in its selection process, the references obtained by the applicant are extremely important parts of the overall application. Because the Physical Therapy Admission Committee uses a standardized rating system, it is essential that you fill out this form and make a response to each question. You are strongly encouraged to write in explanatory comments by the questions, and you are also very welcome, although not required, to attach a letter with further thoughts. **Be sure to circle a response for each question on the opposite side of this page.**

Both the applicant and the Admission Committee will appreciate your prompt completion and sending of this form. The application is not complete until your recommendation is received. **Deadline for application completion is January 15, 2005.** Thank you for your cooperation.

The above named applicant has been asked to obtain a reference from a licensed physical therapist who has observed his or her activities as a volunteer or employee in a physical therapy setting. Please describe below the nature and extent of your contact with the applicant in a clinical setting.

Did you supervise or observe the applicant as either a volunteer or paid employee in your setting? ☐ yes ☐ no

How long was your association with the applicant within the clinic setting?

Were you the applicant's direct supervisor? ☐ yes ☐ no

If you did not supervise the applicant, describe your professional relationship:

What were the applicant's duties in your setting?

After you have completed the opposite side of this form, mail the form to: The University of Puget Sound, Office of Admission, 1500 North Warner Street #1062, Tacoma, Washington 98416-1062; or FAX to: 253-879-3993. The application deadline is January 15, 2005; reference forms must be postmarked by that date if mailed, or received at Puget Sound if FAXed.

Physical Therapist Reference

- | | |
|--|---|
| 1. Is the applicant reliable and conscientious? | 4 Exemplary
3 Above average
2 Yes, with slight concerns (please comment)
1 Serious concerns about these qualities
X No basis for judgment |
| 2. Does the applicant ask appropriate questions about PT? | 4 Extremely appropriate
3 Appropriate
2 Slight concerns about questions (please comment)
1 Serious concerns about questions
X No basis for judgment |
| 3. Does the applicant seem quick to learn and understand new concepts? | 4 Extremely quick
3 Quick
2 Reservations about abilities (please comment)
1 Has difficulty learning new things
X No basis for judgment |
| 4. Does the applicant have a good understanding of the role of a physical therapist? | 4 Excellent
3 Above average
2 Somewhat limited understanding (please comment)
1 Misunderstands the role of the physical therapist
X No basis for judgment |
| 5. How well does the applicant relate to colleagues? | 4 Extremely well, a model colleague
3 Relates well; I would be happy to work with this person
2 Some reservations about this (please comment)
1 Poorly, not a desirable colleague
X No basis for judgment |
| 6. How well does the applicant relate to supervisors and respond to supervision? | 4 Extremely well, a model employee
3 Relates well; easy to supervise
2 Some difficulties with this (please comment)
1 Poorly, troublesome to supervise
X No basis for judgment |
| 7. Does the applicant appropriately seek supervision? | 4 Utterly trustworthy in this
3 Almost always appropriate about this
2 Reservations about this behavior (please comment)
1 Unreliable to seek supervision as needed
X No basis for judgment |
| 8. How would you describe the applicant's judgment, maturity, and common sense? | 4 Extraordinary
3 Good
2 Adequate, with reservation (please comment)
1 Inadequate
X No basis for judgment |
| 9. How well does the applicant perform under pressure? | 4 Extremely poised and self-possessed
3 Generally well
2 Adequate, with reservation (please comment)
1 Inadequate
X No basis for judgment |
| 10. Would you be happy to work with/hire this person after they complete their physical therapy education? | 4 Extremely happy
3 Happy
2 Yes, with reservations (please comment)
1 I would prefer not to work with this person |

Signature and Title of Licensed Physical Therapist

Date