

Name of Applicant: [Click here to enter text.](#)

Personal Reference / Recommendations

In what capacity have you known the applicant? (check all that apply)

- Job Supervisor Volunteer Supervisor Faculty Clinical Instructor
 Clergy Coach Other: [Click here to enter text.](#)

Generic Abilities: Please rate and comment on the following areas: [Click on the box to select](#)

1. **Interpersonal Skills:** the ability to interact effectively with patients, families, colleagues, other health care professionals and the community; deal effectively with cultural/ ethnic diversity issues.

1 2 3 4 5
Unacceptable Below average Average Above Average Outstanding Not Observed

2. **Communication Skills:** The ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes.

1 2 3 4 5
Unacceptable Below average Average Above Average Outstanding Not Observed

3. Considering the above skills, provide an example of the applicant's interpersonal skills and communication abilities utilized in a difficult situation. [Click here to enter text.](#)

4. **Use of Constructive Feedback:** the ability to identify sources of and to seek out feedback; to effectively use and provide feedback for personal interaction.

1 2 3 4 5
Unacceptable Below average Average Above Average Outstanding Not Observed

5. Please describe a situation in which you gave constructive feedback to the applicant and how you observed that it was incorporated into performance. [Click here to enter text.](#)

6. **Problem-Solving:** the ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

1 2 3 4 5
Unacceptable Below average Average Above Average Outstanding Not Observed

7. **Critical Thinking:** the ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, illusions, assumptions and hidden assumptions; distinguish relevant from irrelevant.

1 2 3 4 5

Unacceptable Below average Average Above Average Outstanding Not Observed

8. Please provide of an example of how the applicant is able to critically think and problem solve.

[Click here to enter text.](#)

Additional Questions:

1. Are there any challenges, weaknesses, or limitations that the applicant could work on?

[Click here to enter text.](#)

2. Please give your opinion on the applicant's goodness of fit and likelihood for success in our residency program based on the mission and goals of the program (see attached information on the UWHC/Meriter Orthopaedic Physical Therapy Residency Program).

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Unacceptable	Below average	Average	Above Average	Outstanding

3. Please provide a general overall rating of this candidate:

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Unacceptable	Below average	Average	Above Average	Outstanding

4. Any other comments you would like to make?

[Click here to enter text.](#)

Person completing this form: [Click here to enter text.](#)

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