

**University of Connecticut
Neag School of Education
Department of Physical Therapy**

Recommendation Form

In addition to the letters of recommendation submitted to the Graduate School, applicants to the Physical Therapy Program are required to submit two professional recommendations. One recommendation should be an academic reference (professor). Personal references (family) will not be accepted.

To be completed by the applicant. (Please Type or Print)

Name of Applicant:

Last Name

First Name

Middle Initial

I waive the right to review this recommendation:

Signature of Applicant

Date

To be completed by the evaluator—Please complete and return this form before February 1st:

The evaluator is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for the program indicated above by the applicant.

1) Name of evaluator:

I have known the applicant for approximately _____ years. My relationship to the applicant was (is) in the following capacity:

_____ Faculty advisor

_____ Employer

_____ Supervisor

_____ Faculty

_____ other (please specify) _____

2) I know the applicant: _____ very well _____ fairly well _____ only casually

3) How would you rate this applicant for each of the following characteristics? Please place an X under the rating column which best describes the applicant.

CHARACTERISTIC EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGMENT
Academic Ability					
Quality of Work					
Written communication skills					
Oral communication skills					
Leadership skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					

CHARACTERISTIC EVALUATED	UPPER 10 %	UPPER 25 %	UPPER 50 %	LOWER 50 %	NO BASIS FOR JUDGMENT
Dependability					
Resourcefulness and originality					
Willingness to accept constructive criticism					
Personal appearance and professional demeanor					
Commitment to professional practice					
Emotional stability and maturity					
Enthusiasm					
Integrity					
Ability to handle stress					
Overall Evaluation					

- 4) Does the applicant possess any special assets that should be noted?
- 5) Does the applicant demonstrate any weaknesses that you feel would hinder his/her ability to perform effectively in the professional program?
- 6) Other comments:

Recommendation concerning admission (check one):

_____ I highly recommend this applicant _____ I recommend this applicant with reservation
 _____ I recommend this applicant _____ I am not able to recommend this applicant

 Signature of Evaluator

 Date

 Name

 Email address

 Title & Affiliation

 Telephone#

 Street Address or P.O. Box

 City

 State

 Zip

Please mail this form in a signed, sealed envelope to:

**University of Connecticut
 Graduate School
 438 Whitney Road Ext, Unit 1006
 Storrs, CT 06269-1006**