

The University of Iowa Graduate Program in Physical Therapy & Rehabilitation Science

RECOMMENDATION FORM

TO THE APPLICANT: Complete this section before sending to recommender.

Waiver of Option for Open vs. Confidential References

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right to review or not review this letter of recommendation based on my preference which I have checked below.

<input type="checkbox"/> I waive my right of access to this recommendation form	Applicant's Name _____
<input type="checkbox"/> I do not waive my right of access to this recommendation form	Address _____
	Signature _____
(If no check is made above, the Program will assume you have waived access.)	Date _____

TO THE RECOMMENDER:

How well do you know the candidate? Very Well Fairly Well Slightly

How long have you known the applicant? _____

In what capacity? _____

Please indicate your opinion of this applicant with regard to each of the following factors by checking the appropriate rating.

FACTORS	Out-standing	Very Good	Good	Fair	Poor	Unable to Judge
MOTIVATION: genuineness and depth of commitment to the physical therapy profession; strives to improve.						
MATURITY: personal development, ability to cope with life situations, self-confident.						
EMOTIONAL STABILITY: performance under pressure, mood stability, copes well with stress.						
INTERPERSONAL RELATIONS: ability to get along with others, rapport, cooperation, attitudes toward supervision.						
EMPATHY: sensitivity to needs of others, consideration / understanding of others.						
PROBLEM SOLVING: ability to recognize and define problem, correlate and process information, develop and implement solutions, and evaluate outcomes.						
CRITICAL THINKING: ability to question logically; differentiates facts and opinions; distinguishes relevant from irrelevant.						
RESPONSIBILITY: fulfills commitments; accountable for actions and outcomes.						
LEADERSHIP: ability to initiate, lead, and inspire others.						
VERBAL COMMUNICATION SKILLS: clarity of expression, articulation.						
PROFESSIONALISM: attitude, demeanor, and appearance appropriate for health care setting; is honest and trustworthy.						
EFFECTIVE USE OF TIME & RESOURCES: uses existing resources effectively; completes assignments in timely fashion; plans ahead; sets priorities when needed.						

In the space provided below or in an attached letter, please add any descriptive comments which will assist in providing a complete picture of the applicant's abilities and commitment to a career in physical therapy.

- This applicant receives my highest recommendation.
- I recommend this applicant with confidence.
- I recommend this applicant.
- I recommend this applicant with some reservations.
- I would not recommend this candidate for admission.
- I do not know this applicant well enough to make a recommendation.

RECOMMENDER:

Name _____ Date _____

Title/Occupation _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

**Return completed recommendation form directly to:
Graduate Program in Physical Therapy & Rehabilitation Science
The University of Iowa
1-252 Medical Education Building
Iowa City IA 52242-1190**

The University of Iowa requests this information for the purpose of making an admission decision about the applicant. No persons outside the University are routinely provided this information, except for items of directory information such as name and local address.