

## Applicant Recommendation Form for the Transitional Doctor of Physical Therapy Program

**To the Applicant:** Please complete the top section of this form. Complete the waiver if you wish to waive access to this recommendation letter. Then deliver this form directly to the individual recommender who is familiar with your potential and aptitude for success in physical therapy. A total of two letters of recommendation are required. Recommendations must be from professional references such as healthcare professionals, academic instructors, or supervisors. Recommendation letters from fellow students, personal friends, or family members are not acceptable.

Applicant's Name

Recommender's Name

Position or Title of Recommender

Recommender's Place of Employment

**Waiver** In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), as amended, I understand that I may choose to waive my right to review this recommendation form. This waiver is effective insofar as the recommendation form is used solely for the purpose of admission. The university does not require that I make such a waiver as a condition for admission. I hereby waive my right of access to this recommendation form and agree that this information shall remain confidential.

Signed By

Date

### To the Recommender:

The above named applicant is applying for admission to the Transitional Doctor of Physical Therapy (t-DPT) program at Governors State University. Your assessment of the applicant will help the Department of Physical Therapy make its decision regarding the applicant's admission to program. Please complete the rating section that begins on the following page. When you are finished, place this form, including the rating section, in an envelope. Seal the envelope, and sign your name over the seal. Return the sealed envelope to the applicant for submission with the rest of his/her completed application package.

### Rating Section: To Be Completed by Recommender

Name

Phone Number

Position or Title

Address

How long have you known the applicant?

City

State

Zip Code

In what capacity have you known the applicant?

**INSTRUCTIONS:** Below are six characteristics that we would like you to assess in relation to the applicant. On a scale of 1-5, with **5 being the highest**, indicate your level of recommendation for each characteristic by circling the corresponding number. Below that, please provide a brief written summary in support of your numerical rating.

**1. Critical thinking and problem solving abilities:** Rate the applicant's ability to think critically and solve problems in the professional setting.

1    2    3    4    5

**2. Ethical behavior:** Rate the applicant's consistency in making reasonable and ethically sound decisions in the professional setting.

1    2    3    4    5

**3. Communication skills:** Rate the applicant's ability to communicate effectively using verbal and written language with clients and colleagues.

1    2    3    4    5

4. **Professionalism:** Rate the applicant's ability as a self-directed, reliable, role model for the profession of Physical Therapy.

1      2      3      4      5

5. **Leadership:** Rate the applicant's ability to motivate, organize and gain the respect of others.

1      2      3      4      5

6. **Potential to succeed in the Transitional Doctor of Physical Therapy Program:** Rate the applicant's potential to complete the t-DPT program by considering intellectual potential, critical thinking skills, and communication skills.

1      2      3      4      5

\_\_\_\_\_  
Signed By

\_\_\_\_\_  
Date