

Trine University Doctor of Physical Therapy Applicant Reference Form

**Applicant: Complete the upper portion of this form and give it to an individual who is not a relative.**

Applicant Name: \_\_\_\_\_

**Waiver**

The Family Education Rights and Privacy Act of 1974 (FERPA) gives applicants the right to access letters of reference written unless they choose to waive their right of inspection and review. Prior to requesting a reference from each evaluator, please indicate whether you wish to waive your rights.

- I waive my right of access to this letter of reference
- I do NOT waive my right of access to this letter of reference

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reference Instructions**

Please complete this reference request form and if you would like to provide additional information feel free to attach a signed reference letter. Mail, email, or fax the completed form to:

Office of Admissions (Attention DPT)  
Trine University  
One University Avenue  
Angola, Indiana 46703  
Email: admit@trine.edu  
Fax: 260.665.4578

Reference's Name: \_\_\_\_\_

Position: \_\_\_\_\_

Name of Institution or Organization: \_\_\_\_\_

Department or Division: \_\_\_\_\_

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known the applicant\*? Months: \_\_\_\_\_ Years: \_\_\_\_\_

How well do you know the applicant\*?  Very Well  Moderately  Minimally  Not at All

With what organization or institution were you affiliated when you interacted with the applicant\*?

\_\_\_\_\_

Select the role that best describes your primary interaction with the applicant\*:

- Physical Therapist
- Professor
- Health Care Professional
- Employer or Supervisor
- College Advisor
- Other (briefly describe role): \_\_\_\_\_

If you are a physical therapist, please enter your PT licensure number: \_\_\_\_\_ State: \_\_\_\_\_

If you are a professor, approximately how many academic terms was this applicant a student in one or more of your courses? \_\_\_\_\_

How would you rate the applicant for each of the following characteristics?\* Please select the rating that best describes the applicant in the category. Select "N/O" for not observed if you have not had an opportunity to evaluate the characteristic or have no basis for the assessment.

	Excellent	Good	Average	Below Average	Poor	N/O
<b>Commitment to Learning</b> — the ability to self-assess, self-correct and self-direct; identify needs and sources of learning; continually seek new knowledge and understanding.						
<b>Interpersonal Skills</b> — the ability to interact effectively with patients, families, colleagues, other healthcare professionals and the community; deal effectively with cultural or ethnic diversity issues.						
<b>Communication Skills</b> — the ability to communicate effectively (speaking, body language, reading writing, listening) for varied audiences and purposes.						
<b>Effective Use of Time</b> — the ability to obtain the maximum benefit from a minimum investment of time and resources.						
<b>Use of Constructive Feedback</b> — the ability to identify sources of and seek out feedback; to effectively use and provide feedback for improving personal interaction.						
<b>Ethical and Professional Behavior</b> — the ability to exhibit appropriate ethical and professional conduct and to represent the profession effectively.						
<b>Responsibility</b> — the ability to fulfill commitments, be accountable for actions and outcomes, and to persevere to achieve goals.						
<b>Critical Thinking</b> — the ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, illusions, assumptions; distinguish the relevant from irrelevant.						
<b>Stress Management</b> — the ability to identify sources of stress, develop effective coping behaviors, and adapt well to change.						
<b>Problem Solving</b> — The ability to recognize and define problems, use imagination and creativity to solve problems, analyze data, develop and implement solutions, and evaluate outcomes.						
<b>Leadership</b> - the ability to take initiative and motivate or guide others; generates ideas and plans or shares a vision for the future.						

Considering these characteristics, how do you think this person would perform as a health care provider?

- I highly recommend this applicant as a health care provider.
- I recommend this applicant as a health care provider.
- I recommend this applicant as a health care provider, but with some reservations.
- I am not able to recommend this applicant as a health care provider.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Comments* - We welcome additional comments that will help in the application review process. If possible, please attach comments on your institutional or business letterhead.