

**PROGRAM IN PHYSICAL THERAPY
UNIVERSITY OF MINNESOTA
REFERENCE FORM FOR APPLICANTS**

NAME OF APPLICANT _____ Federal law requires this form be available for inspection by the applicant unless the applicant has waived the right to inspection by signing below.

I voluntarily waive the right to inspect this form _____ (Waiving the right of inspection is voluntary) No penalty is attached to nonwaiver.

PLEASE CIRCLE WHERE ON THIS SCALE YOU RATE THE STUDENT. (1 = Lowest and 5 = Highest)

PERSONAL-SOCIAL/ CONCERN FOR OTHERS	indifferent	1	2	3	4	5	Sincerely & actively concerned	Have Not Observed
DISPOSITION/EMOTIONAL STABILITY/ABILITY TO WORK WITH OR UNDER SUPERVISION OF OTHERS	Inappropriate 'high', 'low', or flat, uncooperative	1	2	3	4	5	Friendly, pleasant relates well, cooperative	Have Not Observed
DEPENDABILITY/RELIABILITY/ATTENDANCE	Unreliable, questionable excuses, frequently late or absent	1	2	3	4	5	reliable, constant performance; always present; on time	Have Not Observed
POISE-SELF CONFIDENCE VERBAL FACILITY	Lacks assurance, ill at ease, uncomfortable with verbal interaction	1	2	3	4	5	at ease, confident articulate, clear, fluent	Have Not Observed
LEADERSHIP POTENTIAL INITIATIVE	inclined to follow, doesn't initiate, requires direction, dependent	1	2	3	4	5	leader & organizer, seeks additional work, enthusiastic, appropriately independent	Have Not Observed
ADAPTABILITY	too rigid	1	2	3	4	5	flexible, open to new ideas	Have Not Observed
PROFESSIONAL APPEARANCE	careless, untidy, slovenly	1	2	3	4	5	well-groomed and appropriately dressed	Have Not Observed

How strongly do you recommend this applicant? (Please circle choice below)

OUTSTANDING	ABOVE AVERAGE	AVERAGE	DO NOT RECOMMEND
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Name of facility or business: _____
 Position or job held by applicant: _____
 In what capacity have you known applicant: _____
 How long have you known applicant: _____
 How well do you know applicant: _____
 Your Name: _____
 (please print or type)
 Your Occupation & Position: _____
 Your Address: _____ Your Phone #: _____
 Signature: _____ DATE: _____

Please return this reference TO THE APPLICANT in a sealed envelope with your signature over the seal.

On the back of this form, please describe your over-all impression of the suitability of this applicant for Admission to the Program in Physical Therapy. Please be as candid and specific as possible. THANK YOU!!

If handwritten, please press firmly as information will be scanned.