



CONFIRMATION OF KNOWLEDGE OF PHYSICAL THERAPY AND LETTER OF RECOMMENDATION

I. INSTRUCTION TO THE APPLICANT: Please complete before giving this form to the physical therapist who will document your knowledge of physical therapy; only one PT at each facility may complete a form. Forms completed by individuals other than physical therapists will not be accepted.

Name of applicant _____
(Last) (First) (Middle)

Social Security Number _____

Information about the physical therapist supplying information:

Physical Therapist Name _____ Title _____ Facility Name _____

Street address _____ City _____ State/ZIP _____ Phone _____

Signature and Date of applicant _____

Number of hours completed at this facility _____

TO BE COMPLETED BY SUPERVISING PHYSICAL THERAPIST

II. INSTRUCTION TO THE RECOMMENDER: The Department of Physical Therapy at Hardin-Simmons University requires that its applicants document their knowledge of the profession of physical therapy. Please complete the following information as it relates to the above named applicant's experience in physical therapy with you and return the completed and signed form to:

**Director of Physical Therapy Admissions, Program in Physical Therapy
Box 16065 Hardin-Simmons University, Abilene, TX 79698**

Type of facility: _____

Capacity in which applicant was in facility: _____ Observer _____ Volunteer _____ Employee

If employee, indicate position: _____ Aide/technician _____ PT Assistant

Indicate the type of experience the applicant had; check all that apply:

- _____ Discussion of physical therapy roles and issues in the profession.
- _____ Observation of physical therapy treatments
- _____ Indirect participation in patient care (ex: clean whirlpools, change linens)
- _____ Direct participation in patient care (ex: transport patient, assist therapist)
- _____ Observation of staff meeting or other administrative tasks
- _____ Observation of PT interaction with other health professionals
- _____ Other (specify)

APPLICANT NAME: _____

Please rate the applicant on the characteristics listed below using the following scale:

5 = Excellent 4 = Superior 3 = Above average 2 = Average 1 = Poor N = not observed

Please explain any "excellent" or "poor" rating and comment on any characteristic you believe requires elaboration:

1. Demonstrates a caring attitude toward others	5	4	3	2	1	N
2. Uses active listening skills	5	4	3	2	1	N
3. Expressed self and communicates orally with others	5	4	3	2	1	N
4. Uses appropriate nonverbal communication	5	4	3	2	1	N
5. Responds appropriately to both verbal and nonverbal communication from others	5	4	3	2	1	N
6. Recognizes distress in self and others	5	4	3	2	1	N
7. Responds appropriately to persons in authority	5	4	3	2	1	N
8. Demonstrates dependability/reliability/promptness	5	4	3	2	1	N
9. Demonstrates flexibility	5	4	3	2	1	N
10. Recognizes problems and states them clearly	5	4	3	2	1	N
11. Demonstrates keenness/originality/intellectual capacity	5	4	3	2	1	N
12. Dresses appropriately (neat, clean, well-groomed)	5	4	3	2	1	N
13. Completes projects without prompting	5	4	3	2	1	N
14. Identifies resources to develop solutions for problems	5	4	3	2	1	N
15. Sets personal/professional goals	5	4	3	2	1	N
16. Recognizes own resource limitations	5	4	3	2	1	N
17. Raises relevant questions	5	4	3	2	1	N
18. Maintains balance between professional and personal life	5	4	3	2	1	N
19. Shows a positive attitude toward learning	5	4	3	2	1	N
20. Respects differences in others	5	4	3	2	1	N
21. Abides by facility policies and procedures	5	4	3	2	1	N

Assuming successful completion of physical therapy education, would you accept the applicant as your physical therapist if you needed to be treated by a PT? Yes No Why or why not?

Would you hire this applicant? Yes No Why or why not?

Note any other information that you believe would aid the program in the evaluation of the applicant.

Overall evaluation of applicant; please explain your rating:

Recommend enthusiastically **Recommend** **Recommend with reservation** **Not recommended**

PT Signature

Position/title

Area of specialization/type of clinic