

**Reference Information** 

**Full Name:** 

## **Physical Therapy Residency Letter of Recommendation**

E-mail:			Job Title:					
How long have you known the application?								
What role best describes your primary interaction with the applicant?								
	Excellent	G	ood	Average	Below	Average	Poor	Not Observed
	5		4	3		2	1	0
Writing skills								
Oral Communication skills								
Leadership/mentoring skills								
Organization and management of time								
Works with peers and communicates effectively								
Clinical problem solving skills								
Effective patient interactions								
Dependability								
Independence and resourcefulness								

Taking into consideration these characteristics, how do you think this person would perform as a resident/fellow?

I highly recommend this applicant as a resident/fellow
I recommend this applicant as a resident/fellow
I recommend this applicant as a resident/fellow, but with some reservations
I am not able to recommend this applicant as a resident/fellow

**Other Comments:** 

Accepts constructive criticism

Stress Management
Ethical and professional

behavior