



Applicant Rating Form

I understand that under the provisions of the Federal Family Education Rights and Privacy Act of 1974, I have access to my "letters of recommendation." I DO or DO NOT (circle one) wish to waive my access to this letter of recommendation. I understand that a waiver of access to my file is not required as a condition for admission or any other services or benefits.

Applicant Name (print) _____ Date _____

Signature of Applicant _____

Please rate the candidate's ability to:

Please rate the candidate's ability to:	Not Observed 0	Poor 1	Satisfactory 2	Above Average (Top 15%) 3	Outstanding (Top 5%) 4
1. Integrate a variety of information from biological physical, social, medical, and physical therapy sciences into clinical practice.					
2. Problem-solve quickly and clearly.					
3. Organize thoughts, think critically, and process information logically.					
4. Communicate clearly in writing.					
5. Communicate clearly verbally.					
6. Handle stress (deadlines, discord, volume of work)					
7. Exercise good professional judgment.					
8. Deliver effective and responsible patient care.					
9. Take responsibility for personal actions.					
10. Establish a comfortable relationship with patients, peers, other health team members.					

