

**WHEELING JESUIT UNIVERSITY – DEPARTMENT OF PHYSICAL THERAPY
STUDENT APPLICANT PERSONAL REFERENCE FORM**

APPLICANTS COMPLETE THE TOP PORTION

Student's Name _____ Social Security # _____

I have requested _____ to complete this reference form.
(rater's name)

Student's Signature _____

Rater's Signature _____ Rater's Title _____

Rater's Address _____ Rater's Phone Number _____

Students accepted for the graduate physical therapy program will have access to their files, including this form. Please rate the student by marking the scales below. You may mark anywhere along each line. Please circle the "NA" if you are unable to rate the student on a given scale. Please place this completed form in a sealed envelope and initial it across the seal. Return the form (in sealed envelope) TO THE STUDENT for enclosure with the application. (Use reverse side for added comments.)

1. NA
 λ _____ λ _____ λ _____
 Meek Assertive Aggressive

2. NA
 λ _____ λ _____ λ _____
 Needs frequent reminders & special consideration Seeks faculty assistance appropriately Typically proceeds without seeking needed assistance

3. NA
 λ _____ λ _____ λ _____
 Follower only Can be leader or follower as situation indicates Insists on having leadership role

4. NA
 λ _____ λ _____ λ _____
 Will not criticize Sensitive and helpful approaches Typically harsh, judgmental or attacking approach

5. NA
 λ _____ λ _____ λ _____
 Attempts to please everyone Reflective: clarifies feedback and incorporates appropriately Highly defensive or combative

6. NA
 λ _____ λ _____ λ _____
 Passive listener Active listener; clarifies and attends Overwhelms; takes over conversation

7. NA
 λ _____ λ _____ λ _____
 Often childish Mature and responsible Authoritarian

8. NA
 λ _____ λ _____ λ _____
 Questionable integrity Shows evidence of high integrity

9. NA
 λ _____ λ _____ λ _____
 Low initiative Shows high level of initiative

Please make additional comments on reverse side or additional sheet.