

Evaluation Form (Physical Therapist):

*Once completed, please email this form to CHSAdmissions@faulkner.edu. Please feel free to attach additional documentation as desired.

Evaluation for (Student name): _____

Date Completed: _____

Evaluator Information:

Name:	
Title:	
Occupation:	
Organization	

1. The applicant has waived their right to access this evaluation? ☐ Yes ☐ No

2. How long have you known the applicant? _____

3. How well do you know the applicant? _____

4. What is your role that best describes your primary interaction with the applicant? _____

5. If you are a Professor or Professor in major above, list all courses that you have had the applicant in (e.g., Intro to Chemistry, Chem 101).

6. Approximately how many references do you submit on behalf of physical therapy applicants each year? _____

7. Are you a licensed Physical Therapist Assistant? ☐ Yes ☐ No

8. Enter the PT or PTA program institution that you graduated from.

9. What state(s) are you licensed in? _____

10. Enter your PT or PTA licensure number. _____

Reference Ratings:

	Not Observed	Poor (1)	Below Average (2)	Average (3)	Good (4)	Excellent (5)
Commitment to Learning:						
Critical Thinking						
Empathy						
Ethics						
Interpersonal Skills						
Leadership						
Oral Communication						
Professional Demeanor						
Response to Criticism						
Responsibility						
Stress Management						
Team Skills						
Time Management						
Written Communication						

Recommendation concerning admission:

_____ I highly recommend this applicant

_____ I recommend this applicant with reservations.

_____ I am NOT able to recommend this applicant

Evaluation Form (Professor):

*Once completed, please email this form to CHSAdmissions@faulkner.edu. Please feel free to attach additional documentation as desired.

Evaluation for (Student name): _____

Date Completed: _____

Evaluator Information:

Name:	
Title:	
Occupation:	
Organization	

1. The applicant has waived their right to access this evaluation? ☐ Yes ☐ No

2. How long have you known the applicant? _____

3. How well do you know the applicant? _____

4. What is your role that best describes your primary interaction with the applicant? _____

5. If you are a Professor or Professor in major above, list all courses that you have had the applicant in (e.g., Intro to Chemistry, Chem 101).

6. Approximately how many references do you submit on behalf of physical therapy applicants each year? _____

7. Are you a licensed Physical Therapist Assistant? ☐ Yes ☐ No

8. Enter the PT or PTA program institution that you graduated from.

9. What state(s) are you licensed in? _____

10. Enter your PT or PTA licensure number. _____

Reference Ratings:

	Not Observed	Poor (1)	Below Average (2)	Average (3)	Good (4)	Excellent (5)
Commitment to Learning:						
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Responsibility						
Stress Management						
Team Skills						
Time Management						
Written Communication						

Recommendation concerning admission:

_____ I highly recommend this applicant

_____ I recommend this applicant with reservations.

_____ I am NOT able to recommend this applicant