

## REQUEST FOR EVALUATION

EVALUATOR:

Department or Unit

I intend to apply for admission to **physical therapy** school and would like to have a recommendation from you. I hereby request that you furnish an evaluation for me.

Student's Printed Name

\_\_\_\_\_  
Student's Signature

DATE

## RELEASE OF RIGHTS TO SEE EVALUATION

I do not waive my rights.

I do hereby voluntarily waive all rights which I otherwise would be able to assert under the Family Educational Rights and Privacy Act of 1974 with respect to this evaluation. By such waiver I expressly consent to, and do hereby authorize, Southern Illinois University Carbondale, and any professional school to which Southern Illinois University Carbondale may hereafter forward this evaluation or its contents, to retain said evaluation or information in a strictly confidential manner, specifically to include withholding such from me and my family whenever I may request to see it or to be informed of its contents, and otherwise to deny me access to this evaluation once submitted by the evaluator.

Student's Printed Name

\_\_\_\_\_  
Student's Signature

DATE

**TO THE EVALUATOR:** This evaluation form will be used by the Health Preprofessional Committee to prepare a composite letter of evaluation for the named student above. Your candid evaluation of the student's strengths and weaknesses would be greatly appreciated. If the student has waived his or her rights to see the evaluation, it will remain strictly confidential.

Please complete the checklist portion of the evaluation. The "comments" section is important; please use this section if you are familiar with the student. A separate letter may be attached in lieu of the "comments" section. The Committee would like to have your permission to quote some of your remarks in the composite letter. Please mark the appropriate line below.

You may quote me.

You may not quote me.

**Note: This evaluation must not be hand-carried by the student, or it will not be accepted.**

**PREPHYSICAL THERAPY EVALUATION**  
**Southern Illinois University at Carbondale**

Evaluation of prephysical therapy student:

**(print student name)**

Evaluation is based on

- Frequent contact and personal acquaintance with student
- Moderate contact with and knowledge of student
- Infrequent contact with and limited knowledge of student

Course(s) in which you have taught this student:

Title	Grade	Rank (x/xx)	Do you consider this course				
			Difficult	Average	Easy		
			Exceptional	Better than Average	Average	Below Average	No basis for evaluation

(Compared to other students in the course or group.)

**PERSONALITY** – Disposition, tact, courtesy, affability, poise  
 (Comments)

**SENSITIVITY** – Compassion, empathy, consideration  
 (Comments)

**COOPERATION** – Respect for authority, ability to work with others, tolerance  
 (Comments)

**DILIGENCE** – Industry, perseverance, genuine interest, dedication, conscientiousness  
 (Comments)

**EMOTIONAL STABILITY** – Self control, maturity, composure, receptiveness to criticism  
 (Comments)

**INTELLECTUAL ABILITY** – Depth of knowledge, judgment, logical thought, common sense, integration  
 (Comments)

**SCIENTIFIC APTITUDE** – Resourcefulness, independence, decisiveness, intellectual curiosity, motivation  
 (Comments)

**INTEGRITY**

No reason to doubt

Doubtful

(Comments)

**CLEANLINESS** Acceptable

Acceptable

Not Acceptable

(Comments)

Does this student communicate well? If "no" explain

Yes

No

Nature of any physical handicap that might affect the success of this candidate:

With appropriate training, would you accept this candidate as your physical therapist?

Yes

No

**PLEASE MAKE ANY ADDITIONAL COMMENTS THAT MIGHT BE HELPFUL IN EVALUATING THIS STUDENT'S POTENTIAL FOR A CAREER IN PHYSICAL THERAPY.**

Date

\_\_\_\_\_  
Signature

Department or Position

**Please return to: Gail Robinson  
Health Professions Information Office  
College of Science Advisement  
Mailcode 4404  
Southern Illinois University  
Carbondale, IL 62901-4404**