

UNIVERSITY OF SCRANTON • RECOMMENDATION FORM
Pre-DPT PHYSICAL THERAPY STUDENT EXPERIENCE

Student Name _____

DUE DATE: Noon, the Friday before start of classes, fall semester 1st graduate year.

You must submit documentation for 60 hours of physical therapy **patient contact** experience before you can move forward in the graduate program. All experiences must be supervised by a licensed physical therapist. Experiences must be in at least two distinctly different settings and must be a minimum of 20 hours each. Examples of distinctly different settings are: acute care, sub-acute care, inpatient rehabilitation, inpatient or outpatient orthopaedics (including sports physical therapy), pediatrics or geriatrics. Only recommendations submitted on this form will be considered.

After completing the boxed area below, give this form to your supervising physical therapist and have him/her complete the professional behaviors assessment, and mail it directly to the **Department of Physical Therapy, 800 Linden Street, Scranton, PA 18510-4586**. Forms should be returned to the University by the **Friday noon** deadline. Please use separate forms to submit evidence for experience at multiple facilities.

Facility Name and Address _____	
Type of Setting _____	
Number of Hours _____	Dates of Services From _____ to _____
I performed/observed the following patient related activities. (Please list)	
Student signature _____	Date _____

PROFESSIONAL BEHAVIORS ASSESSMENT

Supervising Physical Therapist: Please help us to evaluate the student's professional abilities using the following items. Additional comments are very helpful.

1. **Commitment to Learning:** The student's ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding.

NEVER EXHIBITED THE BEHAVIOR				ALWAYS EXHIBITED THE BEHAVIOR	NOT OBSERVED
1	2	3	4	5	

Comments: _____

2. **Interpersonal Skills:** The student's ability to interact effectively with patients, families, colleagues, other health care professionals, and the community and to deal effectively with cultural and ethnic diversity issues.

NEVER EXHIBITED THE BEHAVIOR				ALWAYS EXHIBITED THE BEHAVIOR	NOT OBSERVED
1	2	3	4	5	

Comments: _____

3. **Communication Skills:** The student's ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes.

NEVER EXHIBITED
THE BEHAVIOR
1

2

3

4

ALWAYS EXHIBITED THE
BEHAVIOR
5

NOT OBSERVED

Comments:

4. **Effective Use of Time and Resources:** The student's ability to obtain the maximum benefit from a minimum investment of time and resources.

NEVER EXHIBITED
THE BEHAVIOR
1

2

3

4

ALWAYS EXHIBITED THE
BEHAVIOR
5

NOT OBSERVED

Comments:

5. **Use of Constructive Feedback:** The student's ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction.

NEVER EXHIBITED
THE BEHAVIOR
1

2

3

4

ALWAYS EXHIBITED THE
BEHAVIOR
5

NOT OBSERVED

Comments:

6. **Problem-Solving:** The student's ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

NEVER EXHIBITED
THE BEHAVIOR
1

2

3

4

ALWAYS EXHIBITED THE
BEHAVIOR
5

NOT OBSERVED

Comments:

7. **Professionalism:** The student's ability to exhibit appropriate professional conduct and to represent the profession effectively. (attitude, demeanor and appearance appropriate for health care setting)

NEVER EXHIBITED
THE BEHAVIOR
1

2

3

4

ALWAYS EXHIBITED THE
BEHAVIOR
5

NOT OBSERVED

Comments:

8. **Responsibility:** The student's ability to fulfill commitments and to be accountable for actions and outcomes.

NEVER EXHIBITED
THE BEHAVIOR
1

2

3

4

ALWAYS EXHIBITED THE
BEHAVIOR
5

NOT OBSERVED

Comments:

9. **Critical Thinking:** The student's ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; and to distinguish the relevant from the irrelevant.

NEVER EXHIBITED
THE BEHAVIOR
1

2

3

4

ALWAYS EXHIBITED THE
BEHAVIOR
5

NOT OBSERVED

Comments:

10. **Stress Management:** The student's ability to identify sources of stress and to develop effective coping behaviors. (ability to cope with illness & disability, pace, interactions, etc)

NEVER EXHIBITED
THE BEHAVIOR
1

2

3

4

ALWAYS EXHIBITED THE
BEHAVIOR
5

NOT OBSERVED

Comments:

Supervising Physical Therapist signature (not valid without licensed therapist signature)

Date

** Developed by the Physical Therapy Program, University of Wisconsin-Madison, May et al. *Journal of Physical Therapy Education*, 9:1, Spring 1995