Dear Applicant,

Congratulations on applying for Southwest Baptist University’s High School Early Acceptance program (HSEA) for the Doctor of Physical Therapy! Our Doctor of Physical Therapy (DPT) program is a premier Christian program that sets you up to become a physical therapist who practices with a Christian worldview. The 33-month program after your undergraduate degree integrates didactic learning, lab experiences, and clinical work, preparing you for your licensing exam and your career.

Historically, HSEA students excel in our program and are very successful in their careers as PTs. They have a history of a 100% first time pass rate on board exams when exiting PT school. We have an average of 380 yearly applicants for 80 available seats in the DPT program! Through the HSEA, we offer 20 seats to high school seniors who enter their freshman year at SBU to pursue their career in physical therapy.

Another perk in being a HSEA student is a scholarship opportunity! If you are accepted into the HSEA and meet all our requirements, you will receive a $1,000 tuition discount each year of the DPT program.

I must emphasize that if you do not get accepted into the HSEA program, all is not lost! We give preference to SBU students in the general application process for graduate school. We accept a large percentage of SBU students based on that alone. With that said, whether you are in the HSEA or not, I would encourage you to meet with me regularly to make sure you are on track for acceptance!

To apply for the HSEA, you must have a minimum of a 24 on your ACT and complete the application by the deadline. Everything you need for the application is in this form. There are two deadlines to turn in applications. The first is for those participating in Scholars Day. The deadline is the same date your Scholars Day application is due. The deadline for all other the applications is the first business day in April before your high school graduation. We try to inform you of decisions by May 1st.

If you have any questions, please do not hesitate to email me or call me at your convenience. If you have not already made a point to visit SBU, I would encourage you to do so! You can schedule these things with your undergraduate admissions representative. Again, congratulations for considering Southwest Baptist University and we wish you the best.

In Christ,

Julie Mpofu
Admissions and Alumni Coordinator | Southwest Baptist University Department of Physical Therapy
jmpofu@sbuniv.edu | 417.328.1690
To complete your application, please read all information carefully and review the requirements to make sure you are eligible to apply at this time.

Please type your application (or print neatly) and submit all application materials in ONE envelope.

To apply for High School Early Acceptance, please complete and/or submit the following documents:

1. TRANSCRIPTS

You must submit one official transcript of your academic record from each high school, college and/or university that you have attended to the office of admissions as part of your application to SBU. The physical therapy program does not need a separate copy of your high school transcript.

2. ACT SCORES

ACT (or SAT) scores should be sent directly to the admissions office as part of your application to the University. A minimum of a 24 on the ACT is required for eligibility to the HSEA. Program selection is on a competitive basis and a minimum score of 24 does not guarantee your acceptance to the program.

3. LETTER OF REFERENCE FORMS

A) Complete the top portion of each letter of reference form. Be sure to carefully read and check only one statement regarding waiving your right to review the recommendation before you sign.

B) Give the recommendation form and a plain envelope with your name and “Southwest Baptist University” on the front to three separate individuals (non-family members) as follows: 1. A teacher, 2. A physical therapist (if an applicant does not know a PT, any healthcare professional may be used), and 3. Someone who can comment knowledgeably on your ability to communicate effectively.

C) To be considered for acceptance, each letter of reference must be in a sealed envelope with the reviewer’s signature on the seal, and your name and “Southwest Baptist University” on the front.

4. VERIFICATION OF EXPERIENCE FORM

If physical therapy work or observation hours have been completed, * the verification of experience form must be completed by the physical therapist who supervised the observation, volunteer, or work experience. This form may be photocopied to allow documentation from each facility in which you have completed observation. If you have an equivalent form on facility letterhead, you may substitute it as long as it contains the same information.

*Observation hours are not required to be completed until the student finishes their bachelor’s degree.

5. APPLICATION CHECKLIST

Before mailing your application packet, remember to complete the APPLICATION CHECKLIST. This will ensure that all of the necessary materials are in place and completed properly so that your application can be reviewed by the Physical Therapy Admissions Committee in a timely fashion.

6. ESSAY QUESTIONS

In order for the essay to be read and scored by the Admissions Committee, it must be typed. Please attach the essay to the application and return with the application packet. Questions are enclosed.
FINAL INSTRUCTIONS

A) The completed application packet should be in ONE ENVELOPE and sent to:

Southwest Baptist University
Department of Physical Therapy
1600 University Ave
Bolivar, MO 65613-2597
ATTN: HSEA Application

B) Your RETURN ADDRESS should be clearly labeled on the outside of the packet.

C) The application packet and all supporting materials should be received by the department on or before April 1st prior to Fall freshman enrollment at SBU to ensure consideration. It is the applicant’s responsibility to ensure all of the materials are received in a timely manner. Applications received after that date may be considered if space is available. A maximum of twenty (20) awards will be given during any one academic year. If the 20 slots are not filled during the first selection cycle, a late cycle pool will be considered during freshman year. If slots are not filled for any one academic year, they will not roll over or be extended.

D) Applicants must have less than 30 college credit hours for consideration.

E) If for any reason your application is deemed ineligible, application forms and supporting material will not be processed further.

F) While you do receive advisement on how to obtain your bachelor’s degree from your undergraduate advisor, they may not always have the most accurate information on how to enter the PT program. You are encouraged to seek advice from your PT mentor, PT admissions coordinator, and attend Pre-Physical Therapy Club meetings on a semester basis. You will receive credit toward your HSEA “scholarship” by coming to seek our consul each semester (up to 8 semesters). This will help us ensure that you are on track to enter the program and become a professional physical therapist!

G) By the end of January in the senior year of college, the HSEA student must: 1) confirm their intentions to enroll in the Physical Therapy program with the department, 2) submit a current overall graduate program application, and 3) pay a tuition deposit.

H) If you have any questions about the program or the application please contact us by calling 417.328.1672 or e-mail pt@sbuniv.edu. Please visit our physical therapy program web site at http://www.sbuniv.edu/pt and visit our Facebook: SBU Physical Therapy.
Your application packet should contain the following items:

- Application Instructions
- Letter of Reference Forms A, B, C
- Application Form
- Verification of Experience Form

If any of the above items are missing, please contact the PT Department at (417) 328-1690.

**APPLICATION CHECKLIST:**

Student Name: ________________________________________________________________

Return completed application packets in one envelope with the following support materials:

- [____] APPLICATION CHECKLIST
- [____] SIGNED APPLICATION
- [____] LETTER OF REFERENCE FORMS A, B, C
- [____] ESSAY QUESTIONS
- [____] VERIFICATION OF EXPERIENCE
- [____] VERIFICATION OF ENROLLMENT (for any non-dual credit college courses)

In the space below, please provide the names of the three individuals who will be providing references for you.

Reference A (teacher): __________________________________________________________

Reference B (PT or healthcare provider): ____________________________________________

Reference C (communication): ___________________________________________________

**REMINDER:** A separate application must be made to Southwest Baptist University through the Office of Admissions prior to the PT application.

**PLEASE MAIL THE COMPLETED APPLICATION PACKET AND THIS CHECKLIST TO:**

Southwest Baptist University
Department of Physical Therapy
1600 University Avenue
Bolivar, Mo 65613
Attention: HSEA Application
Application for High School Early Acceptance to the Entry-Level DPT Program

General Instructions: Applicants must apply to Southwest Baptist University Office of Admissions prior to applying to the Physical Therapy program. Final determination of HSEA program status will not be made until the applicant is formally accepted as an incoming freshman at SBU. Please type or print neatly. Leave no spaces blank. If a question does not apply to you, enter N/A (not applicable) in the appropriate blank. Correspondence will be sent to mailing address unless otherwise requested.

SECTION I – PERSONAL INFORMATION
NAME: ___________________________ SSN: ___________________________
MAILING ADDRESS: ___________________________
PERMANENT ADDRESS: ___________________________
PHONE: ___________________________ EMAIL: ___________________________

SECTION II – EDUCATIONAL DATA
A. Have you previously or are you currently attending Southwest Baptist University?
☐ YES ☐ NO If yes, from ________________ to ________________.
B. ACT Score _________ (Must be at least a 24)
SAT Score (if no ACT available): ________________
C. List ALL high school, colleges and universities attended in chronological order. Official transcripts must be on file with the Office of Admissions.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location (city and state)</th>
<th>Dates of attendance (mo/yr to mo/yr)</th>
<th>Degree granted or expected date</th>
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</table>
### SECTION III – EMPLOYMENT DATA
List paid employment in chronological order if relevant to health care. Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Name and Address of Employer</th>
<th>Nature of Duties</th>
<th>Dates of employment (mo/yr to mo/yr)</th>
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</table>

### SECTION IV – VOLUNTEER SERVICE DATA
List volunteer activities in chronological order. Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Name and Address of Institution</th>
<th>Nature of Duties</th>
<th>Dates of service (mo/yr to mo/yr)</th>
<th>Total Hours</th>
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### SECTION V – SUPPLEMENTAL DATA
1. List academic and/or non-academic awards, honors, and scholarships while in high school or subsequently. Attach additional sheets if necessary.

<table>
<thead>
<tr>
<th>Name</th>
<th>Dates</th>
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</table>

2. List extracurricular, community, or avocational activities in which you have participated while in high school or subsequently. Do not include items already listed in the above sections.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Dates</th>
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</table>
SECTION VI – OPTIONAL INFORMATION

The following information will not be used in the selection process. However, it will be helpful to us in assessment planning.

Religious preference: ____________________ Marital Status: ____________________

Date of birth: ____________________ Gender: ____________________ TOEFL SCORE: ____________________

United States Citizen? □ YES □ NO If no, VISA #: ____________________

Are you Hispanic/Latino? □ YES □ NO

Indicate your race by choosing one or more of the following races:

□ American Indian or Alaska Native □ Asian

□ Black or African-American □ White

□ Native Hawaiian or Other Pacific Islander □ Other: ____________________

Please list any special services or assistance you will require to succeed in the PT program at SBU:

__________________________________________

(Please attach a separate sheet if necessary)

SECTION VII – CERTIFICATION

I certify that, to the best of my knowledge, all of the information given on this application and provided as support materials pertinent to this application (such as transcripts, letters of recommendation, validation of observation experience, etc.) is correct and complete, and I understand that any material omission or misinformation may void my admission or result in dismissal. I understand that my application will not be processed or retained if deemed ineligible or if not signed.

In asking for early acceptance to the physical therapy program at Southwest Baptist, I voluntarily agree, if admitted as a student, to uphold the ideals, standards, and regulations set forth by the University and to respect the principles and traditions it upholds as a church-related institution of higher learning.

I understand that by the end of January in my senior year in college, I must: 1) confirm my intentions to enroll in the Physical Therapy program with the department, 2) submit a current overall graduate program application, and 3) pay a tuition deposit.

I understand that final eligibility for awarding the HSEA is established at the point of SBU undergraduate graduation and all normal requirements must be completed at the time of recognized graduation.

I understand that successful completion of the DPT program does not ensure that I will successfully receive licensure from the respective state agency. A professional board examination must be taken and passed, and evidence of good moral character must be demonstrated to the licensing board. Students with history of criminal records seeking to obtain a license to practice physical therapy may have to submit extra paperwork that could delay or jeopardize the application process.

I understand that I will be placed away from Bolivar, MO for clinical education experiences to complete my education. I am responsible for all housing and travel costs as well as appropriate documentation including, but not limited to criminal background checks, insurances, and immunizations.

Signature of Applicant: ____________________ Date: ____________________
ESSAY QUESTION

Write an essay in response to the following questions:

- Why have you chosen physical therapy as your career path?
- What do you ultimately hope to accomplish professionally?
- How did you first learn about and become interested in physical therapy?
- What gifts have you been Blessed with which will enhance your contribution to the profession of physical therapy and serving the Lord?

In order for the essay to be read and scored by the Admissions Committee, it must be typed. Please attach the essay to the application and return with the rest of the application packet.
This is to be completed by a TEACHER who has firsthand knowledge of the applicant's basic science and problem solving abilities.

Applicant ___________________________________________________________  
Last  First  Middle

To the applicant: The Family Educational Rights and Privacy Act of 1974 extends to students the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater use in the assessment of a student's qualifications, abilities and potential. Sign only one of the following statements indicating waiver of right to inspect this letter of reference.

| I do waive my right to inspect the contents of the following recommendation and hereby inform referent that this letter will be kept strictly confidential. | Signature: |
| I do not waive my right to inspect the contents of the following recommendation after submission to SBU. |

To the evaluator: The above named individual is applying for admission to the physical therapy program at Southwest Baptist University. Your assistance is requested to assist the physical therapy admissions committee in the selection of applicants who are best qualified to continue their education in this field. You are asked to complete this form and supply any other helpful information regarding this individual. Please feel free to comment on this individual's strengths and limitations. If you require additional space, please attach a separate comment sheet. Thank you for your assistance.

| 1. Using the definitions on the attached page, please rate the applicant on the following: | Poor (0-20%) | Below Average (21-49%) | Average (50-84%) | Good (85-94%) | Outstanding (95-100%) | Unable to Assess |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 0 |

| Commitment to learning |
| Interpersonal skills |
| Communication skills  
  Written |
| Oral |
| Effective use of time and resources |
| Use of constructive feedback |
| Problem-solving |
| Responsibility |
| Critical thinking |
| Stress management |

OVER PLEASE
2. Do you believe this applicant is suitable for the academic rigors of an intense, comprehensive and demanding thirty-three month course of study? [ ] yes [ ] no [ ] yes, with reservation Please explain your answer.

3. Assuming this person becomes a physical therapist, how would you feel about having him/her care for your acutely ill loved one?

4. Overall estimate of success in the physical therapy program at Southwest Baptist University. Please comment on your selection in the space provided. (attach separate sheet if necessary)
   [ ] excellent [ ] above average [ ] average [ ] may encounter some difficulty [ ] poor

5. How long have you known this applicant? [ ] 0-3 months [ ] 3-6 months [ ] 6-12 months
   [ ] 1-2 years [ ] 2+ years

6. How do you know this applicant? (check all that apply)
   [ ] student in large class [ ] student in small class [ ] student in lab course

COMMENTS:

Evaluator's name (please print or type) ________________________________________________________________

Occupation or position ____________________________________________________________

Address _______________________________ Daytime phone number ________________________________

EVALUATOR'S SIGNATURE__________________________________________ DATE ________________

Please return this form and any attachments to the applicant in a sealed envelope with your signature over the seal and the student’s name and “Southwest Baptist University” written on the front.
### Professional Behavior

<table>
<thead>
<tr>
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<tr>
<td>1. Commitment to Learning</td>
<td>The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding; formulates appropriate questions; demonstrates positive attitude toward learning; sets personal and professional goals; seeks our professional literature</td>
</tr>
<tr>
<td>2. Interpersonal Skills</td>
<td>The 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; maintains professional demeanor; demonstrates empathy and interest in people as individuals; listens actively; cooperates; communicates with others in a respectful, confident manner.</td>
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<tr>
<td>3. Communication Skills</td>
<td>The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes; demonstrates understanding of basic English; uses correct grammar, accurate spelling, and expression; writes legibly; recognizes impact of non-verbal communication; maintains eye contact, listens actively.</td>
</tr>
<tr>
<td>4. Effective Use of Time and Resources</td>
<td>The ability to obtain the maximum benefit from a minimum investment of time and resources; meets external deadlines; demonstrates flexibility/adaptability; recognizes own resource limitations and uses existing resources effectively.</td>
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<td>5. Use of Constructive Feedback</td>
<td>The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction; receptive without becoming defensive; actively seeks feedback and help; demonstrates a positive attitude toward feedback while respecting own limits.</td>
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<td>9. Stress Management</td>
<td>The ability to identify sources of stress and to develop effective coping behaviors; recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance when appropriate; maintains professional behavior regardless of problem situation.</td>
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Adapted from the Physical Therapy Program, University of Wisconsin-Madison
May et al. Journal of Physical Therapy Education. 9:1, Spring 1995
LETTER OF REFERENCE FORM "B"

This is to be completed by a PHYSICAL THERAPIST who has firsthand knowledge of the applicant's basic clinical experience, professional values and integrity.

Applicant

Last  First  Middle

To the applicant: The Family Educational Rights and Privacy Act of 1974 extends to students the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater use in the assessment of a student's qualifications, abilities and potential. Sign only one of the following statements indicating waiver of right to inspect this letter of reference.

| I do waive my right to inspect the contents of the following recommendation and hereby inform referent that this letter will be kept strictly confidential. | Signature: |
| I do not waive my right to inspect the contents of the following recommendation after submission to SBU. |

To the evaluator: The above named individual is applying for admission to the physical therapy program at Southwest Baptist University. Your assistance is requested to assist the physical therapy admissions committee in the selection of applicants who are best qualified to continue their education in this field. You are asked to complete this form and supply any other helpful information regarding this individual. Please feel free to comment on this individual's strengths and limitations. If you require additional space, please attach a separate comment sheet. Thank you for your assistance.

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Commitment to learning

Interpersonal skills

Communication skills
  Written
  Oral

Effective use of time and resources

Use of constructive feedback

Problem-solving

Responsibility

Critical thinking

Stress management

Professionalism

OVER PLEASE
2. Please describe this applicant’s clinical experience as you know it.

3. Would you hire this person as a staff therapist upon completion of his/her education? Why or why not?

4. What are this applicant’s greatest areas of strength relative to the clinical setting?

5. Assuming this person becomes a physical therapist, how would you feel about having him/her care for your acutely ill loved one?

6. Overall estimate of success in the physical therapy program at Southwest Baptist University. Please comment on your selection in the space provided. (attach separate sheet if necessary)
   [ ] excellent   [ ] above average   [ ] average   [ ] may encounter some difficulty  [ ] poor

7. How long have you known this applicant?   [ ] 0-3 months   [ ] 3-6 months   [ ] 6-12 months   [ ] 1-2 years   [ ] 2+ years

8. How well do you know this applicant?   [ ] very well   [ ] fairly well   [ ] slightly

9. Relationship to applicant:   [ ] therapist supervisor for observation or volunteer work   [ ] employer
   [ ] other, please specify ________________________________

COMMENTS: (attach separate sheet if necessary)

Evaluator's name (please print or type) ___________________________________________________________

Occupation or position ____________________________________________________________

Address_________________________ Daytime phone number ________________________________

EVALUATOR'S SIGNATURE_________________________________________ DATE ____________

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<tr>
<td>10. Professionalism</td>
<td>The ability to exhibit appropriate professional conduct and to represent the professional effectively; abides by facility policies and procedures; projects professional image; continuous regard for all; describes personal value system.</td>
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</tbody>
</table>

Adapted from the Physical Therapy Program, University of Wisconsin-Madison
May et al. Journal of Physical Therapy Education. 9:1, Spring 1995
LETTER OF REFERENCE FORM "C"

This is to be completed by someone who can comment on the applicant's communication skills.

Applicant ____________________________

Last       First       Middle

To the applicant: The Family Educational Rights and Privacy Act of 1974 extends to students the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater use in the assessment of a student's qualifications, abilities and potential. Sign **only** one of the following statements indicating waiver of right to inspect this letter of reference.

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- **Commitment to learning**
- **Interpersonal skills**
- **Communication skills**
  - Written
  - Oral
- **Effective use of time and resources**
- **Use of constructive feedback**
- **Problem-solving**
- **Responsibility**
- **Critical thinking**
- **Stress management**

OVER PLEASE
2. Under what circumstances have you observed this applicant’s communication skills?

3. Assuming this person becomes a physical therapist, how would you feel about having him/her care for your acutely ill loved one?

4. What are this applicant’s greatest strengths in communication. Please relate this to both the academic and clinical environment if you are able.

5. The SBU physical therapy program is academically and personally rigorous and challenging, with the potential for significant stress and pressure. Relate the applicant’s communication style and abilities to this type of environment.

6. Overall estimate of success in the physical therapy program at Southwest Baptist University. Please comment on your selection in the space provided. (attach separate sheet if necessary)
   [ ] excellent  [ ] above average  [ ] average  [ ] may encounter some difficulty  [ ] poor

7. How long have you known this applicant?  [ ] 0-3 months  [ ] 3-6 months  [ ] 6-12 months
   [ ] 1-2 years  [ ] 2+ years

8. How well do you know this applicant?  [ ] very well  [ ] fairly well  [ ] slightly

9. Relationship to applicant  [ ] instructor  [ ] academic advisor  [ ] therapist supervisor  [ ] pastor
   [ ] employer  [ ] other, please specify ________________________________

COMMENTS:

Evaluator's name (please print or type) ________________________________

Occupation or position ________________________________________________

Address ________________________________ Daytime phone number ________________________________

EVALUATOR'S SIGNATURE ________________________________ DATE ______________

Please return this form and any attachments to the applicant in a sealed envelope with your signature over the seal and the student’s name and “Southwest Baptist University” written on the front.
## Behavior Descriptions for Reference Form “C”

<table>
<thead>
<tr>
<th>Professional Behavior</th>
<th>Definition/Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Commitment to Learning</td>
<td>The ability to self-assess, self-correct, and self-direct; to identify needs and sources of learning; and to continually seek new knowledge and understanding; formulates appropriate questions; demonstrates positive attitude toward learning; sets personal and professional goals; seeks our professional literature</td>
</tr>
<tr>
<td>2. Interpersonal Skills</td>
<td>The 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; maintains professional demeanor; demonstrates empathy and interest in people as individuals; listens actively; cooperates; communicates with others in a respectful, confident manner.</td>
</tr>
<tr>
<td>3. Communication Skills</td>
<td>The ability to communicate effectively (i.e., speaking, body language, reading, writing, listening) for varied audiences and purposes; demonstrates understanding of basic English; uses correct grammar, accurate spelling, and expression; writes legibly; recognizes impact of non-verbal communication; maintains eye contact, listens actively.</td>
</tr>
<tr>
<td>4. Effective Use of Time and Resources</td>
<td>The ability to obtain the maximum benefit from a minimum investment of time and resources; meets external deadlines; demonstrates flexibility/adaptability; recognizes own resource limitations and uses existing resources effectively.</td>
</tr>
<tr>
<td>5. Use of Constructive Feedback</td>
<td>The ability to identify sources of and seek out feedback and to effectively use and provide feedback for improving personal interaction; receptive without becoming defensive; actively seeks feedback and help; demonstrates a positive attitude toward feedback while respecting own limits.</td>
</tr>
<tr>
<td>6. Problem-Solving</td>
<td>The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes; states problems clearly; reports or describes known solutions to problems.</td>
</tr>
<tr>
<td>7. Responsibility</td>
<td>The ability to fulfill commitments and to be accountable for actions and outcomes; demonstrates dependability; demonstrates punctuality; budgets time wisely.</td>
</tr>
<tr>
<td>8. Critical Thinking</td>
<td>The ability to question logically; to identify, generate, and evaluate elements of logical argument; to recognize and differentiate facts, illusions, assumptions, and hidden assumptions; to distinguish the relevant from the irrelevant; raises relevant questions; uses information effectively; thinks analytically: systematically, slow but thorough.</td>
</tr>
<tr>
<td>9. Stress Management</td>
<td>The ability to identify sources of stress and to develop effective coping behaviors; recognizes own stressors or problems; recognizes distress or problems in others; seeks assistance when appropriate; maintains professional behavior regardless of problem situation.</td>
</tr>
</tbody>
</table>

Adapted from the Physical Therapy Program, University of Wisconsin-Madison
VERIFICATION OF EXPERIENCE FORM

This is to certify that ___________________________ has observed, volunteered or worked ___________ hours in this physical therapy department. The types of patient care this individual has experienced as well as other pertinent information regarding this applicant may be outlined below in the comments section.

COMMENTS:

<table>
<thead>
<tr>
<th>Physical Therapist Signature</th>
<th>State and PT License #</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>-------------------------------</td>
<td>-------------------------</td>
<td>------</td>
</tr>
</tbody>
</table>

Position

Facility

Address

City, State, Zip

Phone Number

*Verification on clinical center letterhead or form may substitute for this form as long as it contains the same information. You may make copies of this form for your convenience.*