



**RECOMMENDATION FORM**  
**Masters in Midwifery**  
**The Midwifery Institute of Philadelphia University**

Place a rating number for each question, followed by a brief comment on the applicant's strengths and weaknesses in the following areas. You may write "N/A" if an area is not applicable or if you have no knowledge of the applicant's abilities in that area.

4 = outstanding    3 = above average    2= average    1 = below average

3. Academic or intellectual ability: ( ) \_\_\_\_\_

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4. Verbal communication skills: ( ) \_\_\_\_\_

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5. Written communication skills: ( ) \_\_\_\_\_

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6. Ability to accept and utilize constructive criticism: ( ) \_\_\_\_\_

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7. Motivation and/or perseverance: ( ) \_\_\_\_\_

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8. Interactions with clients and/or patients: ( ) \_\_\_\_\_

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9. Empathy: ( ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Emotional stability/maturity: ( ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Problem solving skills/critical thinking: ( ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Ability to get along and work with others: ( ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Integrity: ( ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Accountability: ( ) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Leadership: ( ) \_\_\_\_\_

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16. Additional comments: \_\_\_\_\_

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\_\_\_\_\_

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17. May we contact you for additional information?     Yes     No

18. Overall recommendation (please check one):

- This applicant has my highest recommendation.
- I recommend this applicant highly, without reservation.
- I recommend this applicant.
- I recommend this applicant, with some reservations.
- I do not recommend this applicant

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Name: \_\_\_\_\_  
(Please Print)

Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

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**PLEASE NOTE:**

Place this recommendation in a sealed envelope, with your signature across the flap, and return to the Institute of Midwifery, Women and Health.

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