

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: () _____

4. Verbal communication skills: () _____

5. Written communication skills: () _____

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

7. Motivation and/or perseverance: () _____

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: () _____

16. Additional comments: _____

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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

Name: _____
(Please Print)

Title: _____ Agency: _____

Address: _____

Phone Number: _____

Signature of Evaluator: _____ Date: _____

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.
