



MANITOBA PUBLIC INSURANCE OCCUPATIONAL THERAPY and PHYSICAL THERAPY TUITION SCHOLARSHIPS REFEREE FORM & LETTER OF SUPPORT

The report should be completed by a faculty member from any academic institution or an Occupational Therapist or Physical Therapist practitioner with special knowledge of the student.

The information provided in this confidential report is extremely valuable to the Award selections Committee when evaluating the suitability of the candidate for receiving the MPI award. Please give detailed information about the candidate.

LAST NAME OF APPLICANT			FIRST NAME				
Name of Referee			Date				
Position			Institution				
How long have you known the applicant?			What is your relationship to the applicant (professor, fieldwork educator, clinical instructor)				
Step 1: Complete the ra Check the boxes that most closel individuals you have known who	y represent your					a representative	group of
	EXCEPTIONAL	EXCEL	LENT	VERY GOOD	GOOD	ACCEPTABLE	UNABLE TO JUDGE
	Top 10%	Top 2	0%	Upper 33%	Upper 50%	Lower 50%	
Academic Preparation							
Demonstrated Scholarly Ability							
Demonstrated Clinical Ability							
Written Communication Skills							
Oral Communication Skills							
Motivation							
Creativity							
Originality							
Judgement							

Step 2: Attach a one-page letter of Support

- Use the letter to support your ratings of the applicant. Rather than provide only general comments, assess the applicant's strengths and limitations for each criterion. Try to include specific examples.
- Please date and sign the letter

Step 3: Submit the rating form and letter of support directly to CoRS awards on or before the deadline.

- Please submit attention to Awards Chair: <u>CORS.Awards@umanitoba.ca</u>
- Application deadline is October 15.

Signature of referee:	
Date:	

THIS REPORT IS CONFIDENTIAL