



Applicant Self-Assessment

Applicant Name and Credentials: _____

Date Completed: _____

The Applicant Self-Assessment is required of all applicants to the Kennedy Krieger Institute Pediatric Physical Therapy Residency Program. Applications will not be considered complete until this form, and all other application materials are submitted. Please indicate your level of experience in the following areas. Comments are required.

Experience:

1 = Novice – You have academic experience and limited clinical experience in this area. You routinely benefit from mentorship before, during, and/or after the client interaction.

2 = Intermediate – You have greater clinical experience in this area. You have established basic competency and are independent with common or less challenging cases. You are working on more advanced clinical reasoning and adaptation techniques to the individual patient. You may reach out for mentorship with more challenging or less familiar situations.

3 = Advanced – You are highly proficient in this area with simple and highly complex cases. This is a concentrated area of your practice. This is an area in which you have or would feel comfortable mentoring others.

Skill	Experience (1, 2, or 3)	Comments
Pediatric examination and evaluation		
Standardized outcome measures		
Behavior management		
Treatment of infants and toddlers		
Treatment of school age children and adolescents		
IEP/IFSP		
Management of patients with multiple lines/tubes		
Prescription and use of adaptive equipment (gait devices, standers, etc)		
Prescription and use of manual and/or power wheelchairs		
Orthotic management and prescription		
Serial casting and/or splinting		
Electrotherapeutic modalities		
Aquatics		
Manual therapy techniques		
Developmental handling and facilitation techniques		
Evaluate pediatric publications and research		
Coordination of care with other providers		

