

Recommendation Form



To be completed by a service professional that is familiar with your academic or work abilities.
Examples: teacher, supervisor, job coach, day habilitation specialist. Not to be completed by family members or friends.

Applicant's Name:

The above applicant is applying for admission to The College Experience Program, a two-year certificate program that is a partnership between The College of Saint Rose and Living Resources Corporation. The program is specifically-designed for students with developmental disabilities. The applicant will be living in a residence near campus and will be taking courses that will foster independence.

Please answer the questions and complete the rating scale based on your observations of this applicant.

Please rate the applicant's level of independence in the following areas by using the scale below.

- | | | |
|-----------------|------------------------|--------------------------|
| 4 – Independent | 3 – Minimal Assistance | 2 – Assistance Needed |
| 1 – Cannot Do | DK – Don't Know | NE – Has Not Experienced |

Academic Skills

- motivated to learn
- can read a short chapter book
- can write a one-page essay
- can use Microsoft Word
- can navigate the internet
- completes homework
- asks for help/clarifying questions
- tries assignments before asking for help

Social/Personal Skills

- dresses appropriately for school
- keeps track of personal things
- greets others in a friendly manner
- initiates conversation
- makes plans with friends
- uses students/teachers as resources
- makes good judgments and decisions

Emotional Skills

- follows directions
- completes required tasks
- can deal with change in schedule
- adjusts well to new situations
- accepts constructive criticism
- copes with stress

Time Management Skills

- budgets/prioritizes time
- uses a daily planner
- plans and carries out activities
- arrives on time for class
- travels from one class to the next class

Recreational Skills

- initiates joining a club
- participates in required activities
- participates in novel activities
- gets involved in social/after school activities

ADDITIONAL INFORMATION

Please describe the type of class, day program or work environment you have observed the applicant work in.

What are the applicant's academic strengths? _____

What are the applicant's academic weaknesses? _____

Recommendation Form



ADDITIONAL INFORMATION (CONTINUED)

Describe the applicant's level of independence in completing tasks. _____

Please list strategies that have been successful with this applicant. _____

Additional Comments: _____

Does the applicant have a behavior support plan in your classroom/program? Yes No

If yes, please send with this completed form.

RECOMMENDER INFORMATION

Last Name First Name Phone Number

Job Title School/Organization # of years working with the applicant