

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? _____



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