

**Student Recommendation Form**

## Applicant’s Name:

The above-named individual is applying for admission to the **Transition and Career Studies Program at Georgian Court University in Lakewood, New Jersey.** This program is designed to serve students with cognitive and intellectual disabilities who desire a transition/postsecondary experience on a college campus and require a strong support system. These students are highly motivated young adults who have received extensive educational services in either public or private schools and would likely have considerable difficulty succeeding in a traditional college degree program. Applicants should have a strong desire to become an independent adult, experience collegiate living and possess the emotional stability and maturity necessary to participate successfully in this program.

With the above information in mind, please answer the questions below to the best of your ability and complete the Personal Support Inventorythat follows. Attach additional pages as needed.

**Please return this form to the applicant in a sealed envelope and sign across the seal.** The applicant has agreed to waive access to the completed recommendation form. The applicant will submit all letters of recommendation as part of their completed Student Application Packet. Thank you.

**Your Name:**

**Title:**

**Organization:**

**Street Address:**

**City/State/Zip Code:**

**County:**

**Daytime Phone Number (required):**

**E-mail Address (required):**

**May we contact you for further information if the applicant is being considered for admission to TCS?** [ ]  Yes [ ]  No

*Georgian Court University does not discriminate in its recruitment and admission of students, regardless of gender, race, creed, color, religion, age, national and ethnic origin, sexual orientation, disability, or veteran status.*

**1. How long have you known the applicant, and in what capacity?**

**2. Please describe why you feel the applicant would benefit from a postsecondary education experience.**

**3. Please describe any strengths and challenges that the applicant may have that will make the applicant a strong candidate for this program.**

**4. Has applicant utilized any assistive technology? If yes, what?**

**Additional Remarks**

Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience.

**Support Inventory**

**Please complete the following support inventory based on your knowledge of the applicant. If you do not know the applicant’s skills in a particular area, please select Unknown.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Independent Living** **Skills**  | **Unknown** | **1** **(Requires Complete** **Assistance)**  | **2** **(Needs moderate assistance)**  | **3** **(Needs some assistance)**  | **4** **(Needs minimal assistance)**  | **5** **(Completely** **Independent)**  |
| Negotiating/finding way around campus environment |  |  |  |  |  |  |
| Ordering and purchasing from a restaurant/cafeteria or store |  |  |  |  |  |  |
| Handling personal affairs: Laundry, light cooking, cleaning, managing personal belongings |  |  |  |  |  |  |
|  |
| **Interpersonal Skills** | **Unknown** | **1** **(Requires Complete** **Assistance)**  | **2** **(Needs moderate assistance)**  | **3** **(Needs some assistance)**  | **4** **(Needs minimal assistance)**  | **5** **(Completely** **Independent)**  |
| Ability to relateto others |  |  |  |  |  |  |
| Use of judgment skills in making everyday decisions |  |  |  |  |  |  |
| Use of judgment skills in an emergency |  |  |  |  |  |  |
|  |
| **Social Skills and Communication** | **Unknown** | **1** **(Requires Complete** **Assistance)**  | **2** **(Needs moderate assistance)**  | **3** **(Needs some assistance)**  | **4** **(Needs minimal assistance)**  | **5** **(Completely** **Independent)**  |
| Communicating needs in an appropriate manner |  |  |  |  |  |  |
| Engaging in appropriate social interaction  |  |  |  |  |  |  |
| Using a cell phone, e-mail, texting |  |  |  |  |  |  |

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|   |
| **Academic Skills** | **Unknown** | **1** **(Requires Complete** **Assistance)**  | **2** **(Needs moderate assistance)**  | **3** **(Needs some assistance)**  | **4** **(Needs minimal assistance)**  | **5** **(Completely** **Independent)**  |
| Handling money: counting change/bills, understanding values, using checkbook, staying within budget  |  |  |  |  |  |  |
| Approximate grade level in mathematics: \_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| Reading and writing skills: approximate grade levels:  Reading  Writing  Listening comprehension  |  |  |  |  |  |  |
| Computer Skills: Word processing  |  |  |  |  |  |  |
| Computer Skills:Internet  |  |  |  |  |  |  |
| Motivation to learn and persist onnew tasks  |  |  |  |  |  |  |
| Knows and can verbalize and/or write personal information: name, address, phone, etc.  |  |  |  |  |  |  |
| Ability to follow verbal directions  |  |  |  |  |  |  |
| Ability to follow written directions  |  |  |  |  |  |  |
| Ability to keep a daily schedule with due dates and assignments |  |  |  |  |  |  |