**STUDENT RECOMMENDATION FORM**

Postsecondary Transition Program

To be completed by Personal Reference

Recommendation for (applicant’s name):

The above-named individual is applying for admission to the WSU ROAR Postsecondary Transition Program at Washington State University. The program is designed to prepare students with intellectual and developmental disabilities who desire a postsecondary experience on a college campus. These students are 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. Students should have a strong desire to become an independent adult and must possess emotional stability and maturity to participate successfully in this program. You can find out more information about WSU ROAR online <https://education.wsu.edu/undergradprograms/wsuroar/>

With the above information in mind, please answer the following questions and complete the *Personal Support Inventory* to the best of your ability and knowledge of the applicant. You can return the completed for in one of two ways. Either safe and email directly to: <mailto:coe.roar@wsu.edu> or return this form to the applicant in a sealed envelope and sign across the seal. The applicant has agreed as part of the application process to waive access to the recommendation form. The applicant will then submit the *Student Recommendation Form* as part of their completed Application Packet. Thank you for your assistance in this matter.

**Contact information: Individual Completing Recommendation**

(Note: Fillable text response in gray box)

|  |  |  |
| --- | --- | --- |
| Last Name: | First Name: | |
| Organization Name: | Position/Title: | |
| Address: | State: | Zip Code: |
| Phone: | Email: | |

**Knowledge of the Applicant:**

(Note: Fillable text response in gray box)

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 the strengths and challenges of the applicant.

Please complete the following by checking the appropriate box. Should you not be familiar with the applicant in the particular area, please indicate by selecting the “?” box

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Independent Living Skills** | Requires Complete  Assistance | Needs  Moderate  Assistance | Needs  Some  Assistance | Needs  Minimal  Assistance | Completely  Independent | ? |
| Independently negotiates/finds way around campus & community independently |  |  |  |  |  |  |
| Cares for personal hygiene and grooming needs |  |  |  |  |  |  |
| Shops, purchase, and prepares basic healthy meals |  |  |  |  |  |  |
| Manages/cares for clothing & personal belongings |  |  |  |  |  |  |
| Adjust to new situations or environments |  |  |  |  |  |  |
| Willing to live with roommates in a communal apartment setting |  |  |  |  |  |  |

Comments:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Social Skills and Communication** | Requires Complete  Assistance | Needs  Moderate  Assistance | Needs  Some  Assistance | Needs  Minimal  Assistance | Completely  Independent | ? |
| Communicates in an appropriate manner |  |  |  |  |  |  |
| Relates to others in a socially appropriate manner |  |  |  |  |  |  |
| Uses smart phone |  |  |  |  |  |  |
| Verbalizing and/or writing personal information: name, address, phone number, SSN, etc. |  |  |  |  |  |  |
| Makes own arrangements and/or appointments: doctor, dentist, etc. |  |  |  |  |  |  |

Comments:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Academic Skills** | Requires Complete  Assistance | Needs  Moderate  Assistance | Needs  Some  Assistance | Needs  Minimal  Assistance | Completely  Independent | ? |
| Understands how to handle money for purchases |  |  |  |  |  |  |
| Uses computer for navigating the Internet, email, and word processing |  |  |  |  |  |  |
| Follows verbal and written directions |  |  |  |  |  |  |
| Keeps and maintains a system of organization daily, weekly, monthly |  |  |  |  |  |  |

Comments:

Additional Comments: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary program experience for the applicant.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_