



COLLEGE OF EDUCATION

Student Application Packet

2022-2023

ClemsonLIFE

Postsecondary Transition Program
Suite G-01 Tillman Hall
101 Gantt Circle
Clemson University
Clemson, SC, 29634
864.656.0501

Completed Application Deadline is December 10, 2021

Application for Admission

This is a comprehensive program of study for unique learners who are motivated young adults whose disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.

In order to be sure that the ClemsonLIFE Program at Clemson University is the best match for our applicants, we require an application packet be completed for each student. Upon entering, it is expected that students will demonstrate the following minimal requirements:

- Basic functional understanding of literacy (writing/composition) and reading skills
- Basic mathematics understanding and ability to use a smart phone
- Ability to function independently for a sustained period of time
- No severe behavior or emotional problems
- Can handle and adapt to change; is not overly stressed when things change
- Potential to be successful in competitive employment situations
- Desire and motivation to complete a postsecondary program
- Be between the ages of 18-26 at the start of the program

Letters of recommendation from teachers are extremely important, too, as these describe current levels of performance across many areas.

Applicants will have typically received extensive special education services in their secondary schools, graduating with an occupational diploma or certificate of attendance, and would have considerable difficulty succeeding in a traditional college degree program.

This is a certificate program (not an accredited college degree program) and exiting students will receive a certificate of completion, **NOT** a degree from Clemson University.

Note: Because of space limitations, not all applicants who complete the application and meet the “criteria for admission” will be granted an interview and/or be accepted in ClemsonLIFE; however, these students are welcome to reapply. All materials submitted to ClemsonLIFE will become property of ClemsonLIFE and will not be returned or duplicated for other purposes.

Please email clemsonlife@clemson.edu or call (864) 656-0501 if you have any questions.

Application Selection Process

An Application Screening Committee will review applications and select students for admission. You will be notified regarding the receipt and completion of application documents and will later be notified if you are granted an interview.

Note: A limited number of applicants will be admitted each year; therefore, a submitted application of interview does not guarantee acceptance to ClemsonLIFE.

The decision to offer or deny admission to the program will be made by the Screening Committee in their best judgment and in the best interest of the applicant.

Admission will be based on the following criteria:

- Applicants must be between the ages of 18-26 upon acceptance.
- The applicant must have a significant cognitive and/or developmental disability that interferes with their academic performance according to the American Association on Intellectual and Developmental Disabilities (AAIDD).
- The applicant must have sufficient emotional and independent stability to participate in all aspects of ClemsonLIFE.
- The applicant should be able to safely function independently for at least 2 hour blocks of times including Academic Course Work, Extracurricular Activities, etc.
- The applicant must demonstrate the ability to accept responsibility for his/her actions and maintain respect for him/herself and others and have no history of disruptive or aggressive behaviors. **Note: ClemsonLIFE does not have the personnel necessary to manage behavioral issues.**
- The applicant must be independent in handling his/her own medication, specialized dietary and/or medical needs, as well as maintaining personal hygiene. **Note: There is no personnel available to manage/administer medication. The ClemsonLIFE staff takes no responsibility for specialized diets or medical needs.**
- The applicant must demonstrate the desire to attend ClemsonLIFE and adhere to the ClemsonLIFE policies regarding attendance and participation in the ClemsonLIFE coursework and traditional Clemson University classes.
- The applicant must have the potential to successfully achieve his/her goals within the context of the ClemsonLIFE program's content and setting.

Please complete all sections of this application. It is acceptable for the applicant to receive support, if needed in completing the application. You may attach additional information and pages for writing space if needed. All information is confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application. Information will not be returned or duplicated for any purposes.

Program Costs

Tuition and fees for the 2022-2023 Academic Year

ClemsonLIFE Program Fees*

<u>Program Fees</u> Covers the costs associated with daily program operations	\$12,000 per semester
<u>Student Budget Expenditures</u> Covers apartment groceries, attendance at sporting or theater events, field trips, personal entertainment, etc.	\$1,550 per semester

Clemson University Fees*

<u>On-Campus Housing</u> Covers all rent, utilities, cable and internet	\$4,933 per semester
<u>Academic Fee</u> Covers tuition fee for 1 credit hour class (additional fees may apply for labs and leisure skills ranging from \$100-\$300)	\$633/per credit hour for SC residents \$1,633/per credit hour for non-residents
<u>Meal Plan</u> Students and families may select a meal plan of their choice for dining hall access (the program typically recommends the Block 75 option)	\$2,413 Unlimited + 300 paw points \$2,313 Unlimited + 200 paw points \$2,213 Unlimited + 100 paw points \$1,860 Block 175 + 125 paw points \$1,166 Block 75 + 300 paw points
<u>Health Fee</u> Covers professional services of physicians, nurse practitioners, nurses and health promotion professionals; counseling and psychological services, reduced costs of pharmaceuticals, immunizations, laboratory and x-ray services; after hours nurse line and emergency planning and response	\$182 per semester
<u>Miscellaneous Fees</u> Covers additional fees including required gym membership-campus rec (\$90), activity fee (\$4), matriculation fee (\$5), technology fee (\$10), and software fee (\$21)	\$130 per semester

*Clemson University program fees, academic tuition, housing and meal plans fees are subject to change annually.

*Rates are based on the 2021-2022 school year.

Please see our website for financial aid information: <http://www.clemson.edu/education/research/programs/culife/index.html>

Application Checklist

Applicant Name: _____

Once your completed application has been submitted, you will be notified of receipt of completed application by letter. **NOTE: Applications will not be considered until ALL requested information is received.**

The applications can be typed and/or printed neatly. Include all information below. Letters of Recommendation must be included in a sealed envelope with signature across the seal.

Please **mail** application materials to: **ClemsonLIFE**
G-01 Tillman Hall
101 Gantt Circle
Clemson, SC 29634

Application Checklist:

1. Student Application Fee paid through payment portal on ClemsonLIFE website
2. Release and Exchange of Information Form
3. Student and Family Information/Emergency Contact Information Employment
4. History
5. Housing Needs
6. Medical History/Medical Insurance/Physical Examination Form Education
7. History
8. Official High School Academic Transcript
9. Behavior Records (if student has no record, send a letter from high school stating there is no record)
10. Current or most recent IEP and any postsecondary program record(s)
11. A documented comprehensive and individualized evaluation that includes:
 - Psychological evaluation, including IQ testing **within the past three years**
 - Adaptive behavior scores **within the past three years**
 - Social-emotional functioning **within the past three years**
12. Personal Support Inventory – Family/Guardian Completed
13. Student Questionnaire – Student Completed (indicate if scribe is used)
14. Letters of Recommendation

Letters of Recommendation should be submitted by three persons who have known the applicant for one year or longer. The recommendations should represent each of the following areas:

1. Education
2. Vocational/Employment
3. Community Involvement

Letters must be submitted using the Recommendation Forms included in this packet and must be returned with the application packet in sealed envelopes as directed on the form.

RELEASE AND EXCHANGE OF INFORMATION

ClemsonLIFE Postsecondary Program

Clemson University treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Disability Services as confidential. However, it may be necessary for our staff to exchange some information about you with the Clemson University faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

I (name), _____
give permission to exchange information about me with the offices/individuals indicated below:

- School District(s)
- School Personnel
- Department of Vocational Rehabilitation Office
- Department of Disability and Special Needs Office
- Admissions Office
- Course Instructors
- Financial Aid Office
- Parents/Guardians
- Registrar's Office
- Tutor/Mentor
- Other

I agree, as part of the application process, to waive my right to access the student recommendation form.

I agree, as part of the application process, to waive my right to access, duplicate or withdraw sections of the application to use for any other purposes.

Signature of Student or Guardian: _____

Date: _____

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STUDENT INFORMATION/BACKGROUND

To be filled out by: Parent/Family/Guardian/Support Person

STUDENT INFORMATION

Last Name	First Name	Middle Name
Home Phone	Student Cell Phone	
Address		
City	State	Zip Code
Birth Date	Email Address	
Disability	Full Scale IQ Score	

*Your IQ/Disability is confidential and under federal law it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purpose of available financial aid, academic transcripts or accountability research.

Student receives support or services from: (please check those that apply)

- Supplemental Security Income
- Division of Developmental Disabilities
- Medical Assistance
- Social Security Disability Insurance Division of
- Vocational Rehabilitation Special
- Education Services (IDEA funding)
- Other

FAMILY INFORMATION

Student lives with:

Both Parents
 Mother
 Father
 Guardian(s)
 Other

Is student his/her own guardian?

Yes
 No

If no, please list student's guardian(s): _____

Mother/Guardian

Last Name	First Name	MI
Home Phone	Cell Phone	
Address		
City	State	Zip Code
Occupation/Employer		Work Phone
Email Address		

Father/Guardian

Last Name	First Name	MI
Home Phone	Cell Phone	
Address		
City	State	Zip Code
Occupation/Employer		Work Phone
Email Address		

Siblings

Name	Age

How did you hear about ClemsonLIFE? (Please circle the option that applies to you).

Social Media

Specify(TV, News, Online News Story): _____

ThinkCollege.net _____

From Clemson University Alumni

Specify: _____

Conference Attendance

Specify: _____

Transition Fair

Specify: _____

Other: _____

Have you attended a ClemsonLIFE Open House? (Check one).

Yes

No

If yes, when?

EMPLOYMENT HISTORY

Work/Internship Experience				
Employer Contact Info.	Job Responsibilities	Paid work or internship?	Dates at this Job	Reason for Leaving

Volunteer Work Experience			
Employer/Contact Info.	Job Responsibilities	Dates at this Job	Reason for Leaving

HOUSING

Do you have any limitations or support needs that require ADA accessibility to housing? Please describe.

The ClemsonLIFE program uses on-campus housing (with an independent living assistant) from which students walk and/or use public transportation to and from campus, as well as other activities.

Do you have any limitations, support needs, or other related issues to public transportation? Please describe.

MEDICAL HISTORY

Please attach results of a current (within 1 year) physical exam (see included form).

Please give a brief description of your medical history including any disability diagnoses that you may have:

Please list any significant medical or physical conditions and history, including severe allergies, seizures, and surgeries:

If applicable, how may the above affect your participation in classroom, social, or recreational activities on campus?:

Please list any current medications and indicate for what purpose the medications are taken:

Note: If the applicant must take medications while at ClemsonLIFE, he/she must be independent in administering his/her medications. Clemson University and ClemsonLIFE do not have the personnel or facilities to administer medications. This capability is not included in any of the LIFE program or college services.

Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy? Yes No

If so, please indicate which services.

Are you independent in self-care such as toileting and bathing? List any limitations: Yes No

Females only:

Are you independent in basic hygiene including handling all aspects of your monthly cycle? Yes No

PHYSICAL EXAMINATION FORM
ClemsonLIFE Postsecondary Transition Program

Name _____ Date of Birth _____
 Height _____ Weight _____ Pulse _____ BP _____
 Vision: R20/ _____ L20/ _____ Corrected: Y N Pupils Equal Unequal

MEDICAL	Normal (Check)	Abnormal Findings (Please Specify)	Initials/Date
Appearance			
Eyes/Ears/Nose/Throat			
Hearing			
Lymph Nodes			
Heart Murmur			
Pulse			
Lungs			
Abdomen			
Genitourinary (males)			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hands/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

Cleared without restriction: _____ Date _____

Not Cleared: _____ Cleared with specific restrictions (list) _____

Cleared with recommendations for further evaluation or treatment for:

SIGNATURE OF PHYSICIAN _____ Date _____

Print Name and Address of Physician completing this form:

EDUCATION HISTORY

Name	City, State	Years Attended	Reason for Leaving

Did/will you receive a high school diploma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Received:
Did/will you receive a high school certificate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Received:

EDUCATION HISTORY

Describe what skills you have learned in the following areas:

Independent Living:

Employment:

Social:

Have you participated in general education classes at your school? Yes No

If yes, list inclusive subjects:

Were any accommodations used? Yes No

If yes, please explain:

Was additional adult support present in the classroom? Yes No

If yes, please explain:

ACADEMIC TRANSCRIPT REQUEST

ClemsonLIFE Postsecondary Transition Program

To the applicant:

Use this form to request that a copy of your high school transcript be sent to the ClemsonLIFE program at Clemson University by sending the form, along with your high school's transcript forwarding fee, to your high school guidance/advising office.

To the guidance/advising office:

High School			
Street Address	City	State	Zip

Please send one (1) copy of my high school transcript to:

ClemsonLIFE
G-01 Tillman Hall
101 Gantt Circle
Clemson University
Clemson, SC 29634
864-656-0501

Amount enclosed: \$ _____

(Please contact high school to determine transcript fee prior to mailing this form.)

Last Name	First Name	MI	
Social Security #			
Address	City	State	Zip
Dates of Attendance:			

Signature: _____ Date: _____

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PERSONAL SUPPORT INVENTORY

To be filled out by: Parent/Family/Guardian/SupportPerson

**Please rate the levels thoughtfully and honestly so that we can determine the best placement and level of support for your son/daughter.

PERSONAL SUPPORT INVENTORY

To be completed by: Family Member or Guardian

Completed by: _____
 (Parent/Family Member/Guardian/Support Person)

Please rate the applicant in the following areas. If you are unsure about a skill, please indicate by selecting the “?” box.

Independent Living Skills	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	?
Negotiating/finding way around campus and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering and purchasing from a restaurant, café, or store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for personal hygiene and grooming needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling personal affairs: laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
managing personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using good judgment skills in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping well with stress and anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting to new situations or environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Social Skills and Communication	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	?
Communicating needs in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to others in a socially appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling conflict with another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respecting persons in authoritative positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a smart phone to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sending and receiving text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using social networking sites: Facebook, Instagram, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbalizing and/or writing personal information: name, address, phone number, SSN, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PERSONAL SUPPORT INVENTORY

To be completed by: Family Member or Guardian

Academic Skills	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	?
Understanding the value of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling debit card to make purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling cash to make purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying within a budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using technology (computer, tablet, smart phone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigating the internet and smart phone apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following verbal directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following written directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating motivation to learn and persist on new tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining and following a daily schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering and keeping up with due dates, assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Studying given information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the applicant utilized assistive technology?

Yes No

If yes, what?

<input type="checkbox"/> voice recognition	<input type="checkbox"/> alarms on device	<input type="checkbox"/> iPad/iPhone Apps:
<input type="checkbox"/> laptop	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> calculator	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> calendar on device	<input type="checkbox"/> _____	<input type="checkbox"/> _____

PERSONAL SUPPORT INVENTORY

To be completed by: Family Member or Guardian

Additional Comments: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when participating in a postsecondary experience.

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STUDENT QUESTIONNAIRE

This section is to be hand-written by applicant and may include additional pages.

Please indicate if a scribe is used.

This is an excellent opportunity to demonstrate writing skills, critical thinking skills and creativity!

STUDENT QUESTIONNAIRE

Why do you want to be a ClemsonLIFE student?

Describe what skills you would like to learn in the following areas:

Independent Living – _____

Employment – _____

Social – _____

Transportation

Do you have a:

Learners permit Yes No

Driver's license Yes No

Have you ever done the following independently:

Flown in a plane Yes No

Used public transportation Yes No

Uber Yes No

Bus Yes No

Biking Yes No

Walking Yes No

What kind of jobs are you interested in after you leave high school or college?

What do you like to do in your free time?

What is your favorite sport?

What is your favorite musical group or favorite singer?

Do you spend time with friends outside of school? Yes No

If yes, what do you like to do with your friends?

Discuss two of your goals for the future upon completion of this program.

1. _____

2. _____

Please use this space to provide us with any additional information about yourself that you wish to share.

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ClemsonLIFE Postsecondary Transition Program
Student Recommendation Form

LETTERS OF RECOMMENDATION

Please submit 3 Letters of Recommendation from persons who have known the applicant for one year or longer. The recommendations should represent each of the following:

1. Education
2. Vocational/Employment
3. Community Involvement

Make three copies of the Student Recommendation Form and give one copy to each of the evaluators for them to complete.

Letters must be submitted using the Student Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes with the evaluator's signature across the flap.

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 ClemsonLIFE Postsecondary Transition program at Clemson University. ClemsonLIFE offers a collegiate experience that prepares young men and women with intellectual disabilities for competitive employment and independent living through a combination of academic coursework and career exploration. 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 ClemsonLIFE online at www.clemson.edu/culife.

With the above information in mind, please answer the following questions to the best of your ability and complete a Personal Support Inventory (attached). 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 as part of the application process to waive access to the recommendation form. The applicant will submit all letters of recommendation as part of their completed Student Application Packet. Thank you for your assistance in this matter.

(Contact information of individual completing the recommendation.)

Last Name	First Name	MI
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Organization Name	Phone #	
Address		
City	State	Zip Code
Email Address		

STUDENT RECOMMENDATION FORM

Postsecondary Transition Program

To be completed by: Personal Reference

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. How likely is it that the parent/family/guardian of this applicant will support the philosophy and goals of the Clemson LIFE program?
 Unlikely Likely Highly Likely
4. Please describe the strengths and challenges that the applicant may possess that will impact his/her candidacy for this program? (Use the back of this page or attach additional pages as necessary).

STUDENT RECOMMENDATION FORM

Postsecondary Transition Program

To be completed by: Personal Reference

Please complete the following Personal Support Inventory. Should you not be familiar with the applicant in a 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	?
Negotiating/finding way around campus and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering and purchasing from a restaurant, café, or store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for personal hygiene and grooming needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling personal affairs: laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
managing personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking for help or clarifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking questions when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using good judgment skills in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping well with stress and anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting to new situations or environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Social Skills and Communication	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	?
Communicating needs in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to others in a socially appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling conflict with another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respecting persons in authoritative positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a smart phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sending and receiving text messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using social networking sites: Facebook, Instagram, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbalizing and/or writing personal information: name, address, phone number, SSN, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

STUDENT RECOMMENDATION FORM

Postsecondary Transition Program

To be filled out by: Personal Reference

Academic Skills	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	?
Understanding the value of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling debit card to make purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling cash to make purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying within a budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a computer for word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigating the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following verbal directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following written directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating motivation to learn and persist on new tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining and following a daily schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering and keeping up with due dates, assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Studying given information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give an explanation of the applicant's reading abilities (and approximate grade level equivalent):

Give an explanation of the applicant's writing /composition abilities (and approximate grade level equivalent):

Give an example of the applicant's math abilities (and approximate grade level equivalent):

Has the applicant utilized assistive technology (voice recognition, dictation, iPad, etc.)?

If yes, what?

STUDENT RECOMMENDATION FORM

Postsecondary Transition Program

To be completed by: Personal Reference

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