

Recommendation Form – to be submitted with each Letter of Recommendation

Applicant's Name:	Recommender's Name:
Relationship to Applicant:	Length of Time Known:

Skill	Is unable to	Needs significant to moderate prompting	Needs minimal prompting	Independent
Is on-time				
Creates and follows schedules				
Asks for help when needed				
Communicates needs and opinions clearly				
Sets goals and works towards them				
Adapts to changes in routine				
Actively participates in small groups with peers				
Navigates the local community				
Cares for their personal hygiene				
Uses a familiar website for an academic task				
Uses a debit card to purchase items for self				
Uses their cell phone to call or text friends and family				
Uses coping strategies to manage emotions like frustration				