**Requirements for 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

 (4) Personal

\*\*\*\***Letters must be submitted using the Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes with the evaluator’s signature across the flap. Recommendations returned differently will not be considered.**

**University Participant (UP) Program at Western Carolina University**

**Recommendation Form**

Recommendation for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (applicant’s name)

 The above named individual is applying for admission to the University Participant (UP) Program at Western Carolina University. This is a two year fully inclusive program in which UP students are expected to live on campus, audit classes, participate in campus activities, and gain valuable employment experience. During their time with us, each UP student will have individualized goals and educational plans with necessary supports needed to reach these goals. At the end of this time, they will graduate with a certification of completion.

 With the above information in mind, please answer the following questions to the best of your ability and provide necessary examples to support your ratings. 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.

Your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI Title

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apt #

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State County Zip

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Phone #

**Part 1**

2. How long have you known the applicant and in what capacity?

3. How likely is it that the parent/family/guardian of this applicant will support him/her in gaining the skills and resources necessary for independent community living (living and activities outside of the family household)?

\_\_\_\_\_ Very Unlikely

\_\_\_\_\_ Unlikely

\_\_\_\_\_ Likely

\_\_\_\_\_ Very Likely

4. How likely is it that the parent/family/guardian of this applicant will support him/her in gaining the skills and resources necessary for competitive community employment (working with non-disabled peers in community jobs and making at or above minimum wage)?

\_\_\_\_\_ Very Unlikely

\_\_\_\_\_ Unlikely

\_\_\_\_\_ Likely

\_\_\_\_\_ Very Likely

5. From your experiences knowing the applicant, do you have evidence to believe he/she is aware of his/her disability?

\_\_\_\_\_ Very Unlikely

\_\_\_\_\_ Unlikely

\_\_\_\_\_ Likely

\_\_\_\_\_ Very Likely

**Part 2**

Use the space below to briefly provide anecdotes or examples of the applicant’s skills and strengths. In the event that the context of your relationship to the applicant did not provide opportunities to observe these specific skills/strengths, you are welcome to explain the absence of the skills or provide counterexamples when appropriate.

6. Please give an example of a time when the applicant displayed flexibility (an ability to adjust to novel situations/openness to new experiences).

7. Please give an example of a time when the applicant displayed problem solving (good judgment/decision making skills).

8. Please give an example of a time when the applicant has built or maintained rapport or social relationships with other same age peers.

9. Please give an example of a time when the applicant’s family advocated for his/her independence/inclusion/development.

10. Please give an example of a time when the applicant showed motivation/initiative/self-determination.

**By signing below, I attest that I completed this recommendation without influence from others and have portrayed an accurate representation of the UP applicant and their parent/family/guardians.**

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

**Thank you for providing your expertise and useful information about this applicant. Please print or fold this recommendation and place in a signed and sealed envelope.**