**University Participant Program at Western Carolina University**

**Recommendation Form**

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

 The above named individual is applying for admission to the University Participant Program at Western Carolina University. This is a two year fully inclusive program in which participants expected to live on campus, audit classes, participate in campus activities, and gain valuable employment experience. During their time with us, each student will have individualized goals and educations plans and will have the necessary supports needed to reach these. 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 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.

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

 Last First MI Title

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

 Street Apt #

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

 City State County Zip

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

 Name Phone #

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 UP Program?

\_\_\_\_\_ Unlikely

\_\_\_\_\_ Likely

\_\_\_\_\_ Quite Likely

\_\_\_\_\_ Highly likely

 (**1**) Requires complete assistance,

Please check one of the following and give details below: (**2**) Needs some assistance or

 (**3**) Completely Independent

**4. Independent Living Skills (e.g., navigation, ordering food, judgment for emergency, adjust to new situations)**

**\_\_\_\_\_\_**(**1**) Requires complete assistance,

\_\_\_\_\_\_ (**2**) Needs some assistance or

\_\_\_\_\_\_ (3) Completely Independent

**5. Social Skills and Communication (e.g., communicating or engaging in appropriate social interaction)**

**\_\_\_\_\_\_** (**1**) Requires complete assistance,

\_\_\_\_\_\_ (**2**) Needs some assistance or

\_\_\_\_\_\_ (3) Completely Independent

6. **Academic Skills (e.g., handling money, math, reading & computer skills, ability to follow written directions/verbal directions, ability to keep a daily schedule)**

**\_\_\_\_\_\_** (**1**) Requires complete assistance,

\_\_\_\_\_\_ (**2**) Needs some assistance or

\_\_\_\_\_\_ (3) Completely Independent