



COLLEGE *of* CHARLESTON

REACH PROGRAM

STUDENT APPLICATION EDUCATOR RECOMMENDATION

EDUCATOR RECOMMENDATION FOR:

APPLICANT'S NAME: _____

The above-named individual has applied for admission to the REACH Program at the College of Charleston. (Please visit <http://REACH.cofc.edu> to learn more about the program.) The REACH Program serves to provide young adults with intellectual disabilities an inclusive college education that will further their academic, employment, social, and independent living skills. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form. Recommendations will be kept in strictest confidence.

Your timely completion and mailing of this form are greatly appreciated by the applicant. We strongly recommend you make a copy of this form for your records.

If you have any questions, please contact the REACH Program at 843.953.4849. Thank you.

| CONTACT INFORMATION | | |
|---------------------|--------------------|-----|
| Your Name | Title/Organization | |
| Address | | |
| City | State | Zip |
| Phone | Email Address | |

| |
|--|
| <p>1. How long have you known the student?</p> <p>2. In what capacity?</p> <p>3. Did you teach this student? If so, was it a traditional class or a special education class? If it was a traditional class, approximately how many students were in the class?</p> <p>4. Are you familiar with the REACH Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Please describe the student's current level of academic functioning. In what ways do you feel this student would need support in order to successfully participate in post-secondary education?</p> |
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6. Please describe the student's current level of socialization. Please include the student strengths, expressed interests, and need related to social skill development. In what areas do you believe the student needs social skill instruction?

7. Please describe the student's current level of functioning with independent skills such as time management, self-care, managing day-to-day tasks, etc. Where do you feel this student needs the most instruction in independent living?

8. Please describe the student's strengths, weaknesses and expressed interest in career development. What do you feel are the student's greatest needs in developing skills necessary for full-time competitive employment?

9. Does the student have any behaviors that would interfere with his or her ability to participate in the REACH Program? Yes No

10. Does the student have any behaviors that would interfere with their participation in a traditional college classroom? Yes No

Comments:

11. Please describe the student's social skills that you have observed with same aged peers:

12. Please discuss the student's level of independence:

13. Please discuss how the student manages stress:

14. Do you feel the parents are ready to let their student go? Yes No

Comments:

INDEPENDENT LIVING SKILLS

| | |
|---|---|
| Finds way around new environment | <input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Completely independent |
| Follows a schedule independently | <input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Completely independent |
| Hygiene | <input type="checkbox"/> Is an issue <input type="checkbox"/> Is not an issue |
| Asks for help, clarification | <input type="checkbox"/> Needs prompting <input type="checkbox"/> Always <input type="checkbox"/> Only in familiar situations |
| Use good judgment in an emergency | <input type="checkbox"/> Has received instruction, but has not been in the situation <input type="checkbox"/> Has not received instruction <input type="checkbox"/> Completely independent |
| Copes well with stress | <input type="checkbox"/> Needs assistance <input type="checkbox"/> Has and uses coping strategies <input type="checkbox"/> Independent |
| Adjusts well to new environments | <input type="checkbox"/> Needs much assistance <input type="checkbox"/> Needs little assistance <input type="checkbox"/> Independent |
| Prefers to do things for himself/herself | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Frequently requests assistance |
| Sets appointments for himself/herself | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| What responsibilities outside of classwork does the student have at school? | |
| Is the student able to manage his/her own time? | <input type="checkbox"/> Arrive on time <input type="checkbox"/> Allow enough time to walk to classes, etc. <input type="checkbox"/> Uses alarm clock <input type="checkbox"/> Uses schedule or day planner <input type="checkbox"/> No |
| Has participated in community-based instruction | <input type="checkbox"/> No <input type="checkbox"/> Yes, successfully <input type="checkbox"/> Yes, unsuccessfully <input type="checkbox"/> Don't know |
| Students knows and understands his/her own disability | <input type="checkbox"/> Not aware of disability <input type="checkbox"/> Knows disability, but does not understand <input type="checkbox"/> Knows and understands <input type="checkbox"/> I do not know |

SOCIAL SKILLS AND COMMUNICATION

| | |
|--|---|
| Communicates needs appropriately | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prompting |
| Engages in age appropriate interaction | <input type="checkbox"/> Yes, socializes with same age peers <input type="checkbox"/> Does not socialize <input type="checkbox"/> Socializes mostly with family <input type="checkbox"/> Socializes with traditional students <input type="checkbox"/> Socializes only with students with disabilities |
| Deals with conflict | <input type="checkbox"/> Needs much assistance <input type="checkbox"/> Seeks assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Independent |
| Distinguishes between friends & strangers | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has not been in the situation |
| Follows rules | <input type="checkbox"/> Yes, is a rule follower <input type="checkbox"/> Needs reminders <input type="checkbox"/> Struggles following rules |
| Respects authority figures | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on the relationship |
| Uses cell phone | <input type="checkbox"/> Phone calls <input type="checkbox"/> Text messages <input type="checkbox"/> Calendar/day planner <input type="checkbox"/> Alarms <input type="checkbox"/> Apps <input type="checkbox"/> Internet browsing |
| Can provide personal information | <input type="checkbox"/> Address <input type="checkbox"/> Emergency contact <input type="checkbox"/> Medication information <input type="checkbox"/> Insurance information <input type="checkbox"/> Phone number <input type="checkbox"/> Email address |
| Uses email | <input type="checkbox"/> Has email account but does not use <input type="checkbox"/> Uses account with assistance <input type="checkbox"/> Uses account independently <input type="checkbox"/> Uses a flash drive <input type="checkbox"/> Remembers passwords <input type="checkbox"/> Needs reminder for passwords |
| Maintains appropriate social behavior | <input type="checkbox"/> With prompts <input type="checkbox"/> Independently with family <input type="checkbox"/> Needs reminders in public situations <input type="checkbox"/> Independent in public situations |
| How does the student manage anger/anxiety? | <hr/> <hr/> <hr/> |

ACADEMIC SKILLS

| | |
|---|--|
| <p>Reading skills Approximate grade level reading ability _____</p> | <p><input type="checkbox"/> No functional reading <input type="checkbox"/> Reads chapter books <input type="checkbox"/> Reads books silently <input type="checkbox"/> Can answer questions about a reading selection <input type="checkbox"/> Can summarize a reading selection <input type="checkbox"/> Reads books for pleasure <input type="checkbox"/> Makes inferences <input type="checkbox"/> Title of last book read: _____</p> |
| <p>Math skills Approximate grade level: _____</p> | <p><input type="checkbox"/> Handles money to make a purchase <input type="checkbox"/> Counts change in bills <input type="checkbox"/> Manages a checking account <input type="checkbox"/> Stays within a budget <input type="checkbox"/> Approximate grade level: _____</p> |
| <p>Computer skills</p> | <p><input type="checkbox"/> Word processor <input type="checkbox"/> Internet search <input type="checkbox"/> Remembers password <input type="checkbox"/> PowerPoint <input type="checkbox"/> Requires assistance <input type="checkbox"/> Uses Mac <input type="checkbox"/> Uses PC <input type="checkbox"/> Does not use the computer</p> |
| <p>Has participated in inclusive classes</p> | <p><input type="checkbox"/> No <input type="checkbox"/> Yes, independently <input type="checkbox"/> Yes, with assistant <input type="checkbox"/> Yes, with accommodations</p> |
| <p>What accommodations are most effective</p> | |
| <p>Following verbal directions</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminders</p> |
| <p>Following written directions</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminders</p> |
| <p>Time management skills</p> | <p><input type="checkbox"/> Uses a calendar <input type="checkbox"/> Makes appointments <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Keeps planner/agenda <input type="checkbox"/> Sets reminders on phone <input type="checkbox"/> On time</p> |
| <p>Study habits</p> | <p><input type="checkbox"/> Studies independently <input type="checkbox"/> Has tutor <input type="checkbox"/> Requires one on one assistance <input type="checkbox"/> Requires prompting <input type="checkbox"/> Does not have homework</p> |
| <p>Note-taking skills</p> | <p><input type="checkbox"/> Takes own notes <input type="checkbox"/> Uses technology <input type="checkbox"/> Requires copies of notes</p> |

ACADEMIC SKILLS (CONT.)

| | |
|----------------------|--|
| Writing skills | <input type="checkbox"/> Has written papers <input type="checkbox"/> Writes simple sentences <input type="checkbox"/> Drafts, revises and edits <input type="checkbox"/> Writes short paragraphs <input type="checkbox"/> Uses punctuation <input type="checkbox"/> Takes notes during class <input type="checkbox"/> Copies notes from board <input type="checkbox"/> Does not write <input type="checkbox"/> Uses technology for writing <input type="checkbox"/> Approximate grade equivalent: _____ |
| Listening skills | <input type="checkbox"/> Is auditory learner <input type="checkbox"/> Able to retell settings, problems, events and solutions <input type="checkbox"/> Create questions based on information presented |
| Tutor/assistant | <input type="checkbox"/> Attended class with student <input type="checkbox"/> Assisted with work one on one <input type="checkbox"/> At home tutor <input type="checkbox"/> No tutor or assistant |
| Assistive technology | <input type="checkbox"/> iPad- apps: _____ <input type="checkbox"/> Live Scribe Pen <input type="checkbox"/> Laptop <input type="checkbox"/> Voice Recognition software <input type="checkbox"/> Dragon Naturally Speaking <input type="checkbox"/> OneNote <input type="checkbox"/> Evernote <input type="checkbox"/> Recording device <input type="checkbox"/> Google apps <input type="checkbox"/> Other: _____ |

* Classroom teachers who are unable to provide this information are encouraged to contact the special education case manager for assistance.

*Please indicate if multiple educators are completing the form.

15. Please describe the applicant in detail. Include any additional information or commentary about the applicant that would assist the admissions committee in ensuring the student is a good fit for the program. If you need more space, please attach an additional page. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning, and employment readiness:

Thank you.

Please return the completed recommendation form to:

REACH Program | College of Charleston
66 George Street
Charleston, SC 29424
Attn: Admissions Committee