



COLLEGE *of* CHARLESTON

REACH PROGRAM

STUDENT APPLICATION RECOMMENDATION

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 | |

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| <p>1. How long have you known the student?</p> <p>2. What is your relationship to the student?</p> <p>3. Are you familiar with the REACH Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. 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 postsecondary education?</p> |
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5. 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?
6. 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?
7. 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?
8. Does the student have any behaviors that would interfere with his or her ability to participate in the REACH Program? Yes No
9. Does the student have any behaviors that would interfere with their participation in a traditional college classroom? Yes No

Comments:

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

11. Please discussed the student's level of independence:

12. Please discuss how the student manages stress:

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

Comments:

14. 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**