

STUDENT REFERENCE FORM

	Completed by	
Title:		
1 me:		

KENT STATE UNIVERSITY Career & Community Studies 218 White Hall

150 Terrace Drive Kent, OH 44242

Email: yhale@kent.edu ◆ Phone: 330-672-0725

CONFIDENTIAL REFERENCE FORM

Applicant: Before you give this form to your reference person, please fill out your information below. Also, please read the Waiver Statement and sign. Then give this form to your reference. Upon completion, please instruct the reference to send the form directly to CCS via mail or email.

Applicant Name: (Name	e of student)		
Last	Fi	rst	MI
Applicant Address:			
Street	City	State	ZIP
submitted and maintained the Career & Community documents under the Far regulations, or policies. I right to review these docurequest an amendment to I agree to waive my	access to these documents.	University for admission of aive all rights I may have vacy Act of 1974, and any/aiving include, but are not by of these forms; and/or the	consideration to to access these all other laws, limited to, the
I do not agree to war	ve my access to these docume	nts.	
Applicant Signature:		Date	:
Parent Signature		Date	.

CONFIDENTIAL REFERENCE FORM

Note to Reference: The applicant named on page 1 is applying for admission to the Career and Community Studies Program (CCS) at Kent State University. The CCS Program is a 4-year comprehensive campus-based non-degree program for young adults with intellectual or developmental disabilities that desire a transition/postsecondary experience on a college campus and require a strong system of supports. These students are expected to be highly motivated, emotionally stable, and should not exhibit behaviors that would interfere with their ability to participate or affect any other student's participation in the program. The applicant and parent(s) have been asked to waive their rights to access the recommendation form; however, if they did not waive their rights, then they may request a copy of this form at any time. Please, honestly complete this reference form and assessment to the best of your ability. For inquiries, contact us at 330-672-0725 or yhale@kent.edu. Please type or print legibly. Use additional pages if needed.

Reference Name:			
Last		First	MI
Reference Address:			
Street	City	State	ZIP
Organization:		Position:	
Phone:	Ema	ail Address:	
How long have you know the	e applicant?		
What is your relationship to	the applicant?		
Do you feel the applicant wo Please explain. Use the back		stsecondary experience?Yes	No
Please describe applicant stre	engths and weaknesse	es that you observe in your role.	
May we contact you for furth	ner information if nece	essary?YesNo	

If yes, what is your preferred method of contact?	Phone Email
SKILLS ASSES	SMENT
Please honestly evaluate the applicant's ability in each checkmark in the <i>Do Not Know or Not Applicable</i> connecessary to evaluate applicant on a specific skill.	7 1
Applicant Name:	Date :

Form Completed by:

INDEPENDENT LIVING	Completely Independent	Moderate Assistance	Complete Assistance	Do Not Know	Does Not Apply
Demonstrates personal care habits, such as:	•				
Comb hair					
Brush teeth					
Trims nails					
Shaves					
Showers					
Laundry (washing machine/dryer)					
Self-administers all personal/over-the-counter prescriptions and medications					
Dresses appropriately for the weather					
Presentable appearance					
Makes personal doctor/dental appointments					
Calls pharmacy to refill personal prescriptions					
Female: Understands care of menstrual period					
Understands routines, such as:					
Completes morning routine in a timely manner					
Selects appropriate sleep schedules					
Understands time needed to complete homework					
Understands time needed to complete housework					
Understands time needed to complete hygiene tasks					
Manages personal belongings, such as:					
Uses cell phone					
Responsible with keys					
Understands safety concepts, such as:					
Understands the usage of 911					
Remains calm in emergency situations.					
Follows directions during emergency situations.					
Demonstrates caution disclosing information to strangers.					
Maintains physical distance when interacting with strangers.					
Aware of ways that one could be taken advantage of					
(someone getting money, computer, phone)					
Knowledge of basic first aid care					
Carries medical alert information					
Carries emergency contact information					
Carries identification					
Displays community living skills, such as:					
Can use public transportation					

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Can cross street at appropriate places and times					
Makes his/her own purchases					
Uses a debit card					
Makes change using bills and coins					
Follows a weekly budget (allowance)					
Able to order from menu					
Adds tip onto total cost of meal					
ADDITIONAL COMMENTS: Write any comments conce	erning independ	ent living skil	ls on back of p	oage.	
ACADEMIC SKILLS	Completely Independent	Moderate Assistance	Complete Assistance	Do Not Know	Does Not Apply
Demonstrates computer skills, such as:					
Computer, iPad, assistive technology, etc					
Knows how to use MicroSoft Office applications (Word,					
PowerPoint)					
Uses email					
Navigates a computer management system to relay					
information (grades, assignments, announcements, etc).					
Demonstrates responsible academic behavior, such as:					
Applies acquired knowledge in a consistent manner (once a					
technology skill is learned the student continue to apply it)					
Demonstrates appropriate classroom behaviors					
Self-motivated to learn					
Demonstrates responsibility by working hard to set high					
standards for self (attendance, quality work, optimism)					
Gets to class on time					
Completes assignments on time					
Turns assignments in on time					
Can complete in-class assignments in a reasonable amount of					
time					
Demonstrates and maintains organization of course materials					
(brings materials needed to class, uses planners)					

SOCIAL AND			
INTERPERSONAL SKILLS			
Displays appropriate interactions with others, such as:			
Greets others appropriately			
Engages in conversation			
Establishes relationships with friends			
Maintains relationships with friends			
Participates in social activities			
Responds appropriately to persons of authority			
Recognizes the emotions of others			
Responds appropriately to the emotions of others			
Demonstrates good safety habits in social situations			
Works well in a group situation			

Able to recognize when to ask for assistance or additional instruction

Works well with others in class/group settings

Follows written directions
Follows verbal directions

Uses social media etiquette (appropriate emails, websites)				Į	
Understands concepts of intimacy:					
Understands sexual reproduction system					
Understands safe and appropriate sexual practices					
Respects others' personal physical boundaries					
Demonstrates appropriate affection toward others in public					
ADDITIONAL COMMENTS: Write any comments conce	rning academic	and social ski	lls on back of	page.	
SELF-DETERMINATION	Completely	Moderate	Complete	Do Not	Does Not
	Independent	Assistance	Assistance	Know	Apply
SELF-ADVOCACY	_				
Displays self-determination, such as:					
Recognizes his/her own emotions					
Responds appropriately to his/her own emotions					
Communicates needs to others effectively					
Expresses his/her opinions appropriately					
Identifies possible problems or changes that may be needed					
Identifies more than one solution to fixing a problem					
Weighs pros and cons of possible options when solving a					
problem or in making a change					
Understands the difference between short-term and long-term					
goals					
Can determine a realistic and attainable goal					
Able to establish steps toward achieving goal					
Effectively analyzes progress toward a goal					
Demonstrates ability to make adjustments when steps toward					
goal achievement are not working					
Identifies when goal has been reached					
Analyzes level of satisfaction with completed goal					
Displays self-advocacy, such as:					
Able to explain disability					
Communicates personal strengths – things one is able to do					
well					
Recognizes/ communicates areas of difficulty					
Uses voice to appropriately advocate for what is wanted or					
needed					
Advocates for accommodations when needed					
Demonstrates motivation and willingness to try new things					
Can express confidence and self-esteem					
Plans activities without waiting for someone else to do it					
Takes the initiative to begin school and free time activities					
Accepts responsibility for self-made decisions					
Reflects and learns from experiences					
Recognizes self-value and worth as a person					
Takes the lead in determining daily schedule					
Understands the link between goals and daily decisions made					
that can influence success of goal attainment					
Use of judgment skills in making every day decisions				<u> </u>	
ADDITIONAL COMMENTS: Write any comments conce					
WORK and/or	Completely	Moderate	Complete	Do Not	Does Not
VOLUNTEER	Independent	Assistance	Assistance	Know	Apply
				 	
Displays appropriate work behavior, such as: Arrives at work/volunteer site on time				 	
				 	
Follows break-time procedures	1			I	I

Dresses appropriately for the wo			
Completes assigned work/volunt	eer tasks		
Follows supervisor's directions			
Works well with co-workers as a			
Exhibits appropriate social skills	in the work setting		
Exhibits flexibility and ability to	adapt to changing		
circumstances			
Demonstrates motivation to incre	ease responsibilities in th	e	
work setting			
ADDITIONAL COMMENTS:	Write any comments of	concerning employment	skills on back of page.
•	pplicant. If you are		we value the insights you are I do not need to complete th
Reference Signature:			Date:
Indicate the acaden Reading	nic areas/subjects in v	which you interacted v Math	with the applicant: Social Studies
Science	Other:		
Approximate grade	levels:Readi	ng and writing skills	Mathematics
C 4 C1 '11	W 1D	· •	
Computer Skills: _	Word Process:	ingInt	ernet
Use additional page	es if necessary:		
Dogoriho hovy muol	n time non weels and	in what apposity you i	ntaracted with the applicants
Describe now much	i time per week and i	in what capacity you i	interacted with the applicant:
Describe the applic	ant's perseverance in	n learning:	
			
Describe the applic	ant's academic streng	gths:	
			
Describe the applic	ant's academic weak	messes:	

Describe the applican	t's interaction with	peers and adults:
How has the student of	continued to develo	p their academic skills?
Describe the accomm utilize any assistive te		most effective for this applicant. Does the applicant o, what?
Indicate the most effe	ctive learning strate Reading	egies for the applicant:Visual Presentations/Organizers
Memorization	Repetition	Experiential Learning Other (specify):
		any physical, intellectual, social, or emotional ed when planning a postsecondary experience.
Mail completed form Career & Community 150 Terrace Drive 218 White Hall Kent State University Kent, OH 44242	Studies	OR Email to: yhale@kent.edu

ATTN: Dr. Vonnie Michali