

Recommendation Form

Fall 2024 Admission | Supplemental Application Materials

To Recommender:

You have received a request to complete a Recommendation Form on behalf of an individual applying for admission to AHRC New York City's Melissa Riggio Higher Education Program at the City University of New York in partnership with the new CUNY Unlimited credential program. This is a comprehensive program of study for unique learners who are motivated young adults with intellectual disabilities. Applicants are applying to a post-secondary education certificate program. Admitted students will receive person-centered supports and engage in a fully inclusive college experience.

Applicants are expected to demonstrate some basic literacy skills in reading and writing. They must have a strong desire to become an independent adult, and possess the stability and maturity to participate fully in the program. Applicants must have the desire and motivation to further their education and participate in campus life.

For more information about our college programs, visit the Melissa Riggio Higher Education Program webpage at www.ahrcnyc.org/services/school/college.

Instructions

Please answer the questions on the following pages and complete all sections to the best of your ability. If you wish to provide additional information and feedback, you may attach an additional statement to this Recommendation Form.

Return the completed Recommendation Form to the applicant in a sealed envelope with your signature across the seal. The applicant will be responsible for submitting your recommendation, along with all other Supplemental Application Materials, directly to AHRC New York City's Referral and Information Center. Alternatively, you may send your completed Recommendation Form via email to referrals@ahrcnyc.org.

The Application Deadline for Fall 2024 Admission is December 1, 2023. Please keep this in mind as we will need to receive your recommendation prior to the submission deadline.

Thank you for taking the time to complete this form. We appreciate your insights and participation in this process.

Recommender Information

First Name	Last Name	Suffix
Title and Department		
Name of Educational Institution / Employer / Organization		
Street Address		
City	State	Zip Code
Primary Phone Number	Secondary Phone Number (Optional)	
Email Address		
Signature of Applicant	Date	

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1. Who are you writing this recommendation for?

Applicant's First Name

Applicant's Last Name

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

3. Please describe why you feel the applicant would benefit from a post-secondary education experience.

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4. How likely is it that the parent/family/guardian of this applicant will support the goals of the Melissa Riggio Higher Education Program?

☐ Very likely

☐ Somewhat likely

☐ Unlikely

5. Please describe the applicant's strengths that may make her/him a strong candidate for this program.

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Personal Support Inventory

Please complete the following sections on the Personal Support Inventory. Should you not know the applicant in any particular area, please indicate this by selecting "Unknown".

Interpersonal Skills	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Unknown
Relating to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking for clarification, help, or questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using judgment skills in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emotional Maturity and Adjustment	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Unknown
Coping with stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Skills and Communication	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Unknown
Communicating needs in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging in appropriate social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using pay phone, cell phone, email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Motivation and Engagement	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Unknown
Motivated to learn and persist on new tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow verbal directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow written directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Unknown
Ability to keep a daily schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meeting due dates or deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork and Collaboration	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Unknown
Ability to work in a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding roles and tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-making and problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Academics Skills

If you are an Educator, School Administrator, or have any knowledge of the applicant in the following academic areas, please also complete the next section. Should you not know the applicant in any particular area, please indicate this by selecting "Unknown" and move on to the next section on page nine.

Reading and Writing Skills	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Unknown
Reading ↳ Approximate grade level? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing ↳ Approximate grade level? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening Comprehension ↳ Approximate grade level? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mathematical Skills	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Unknown
Addition ↳ Approximate grade level? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtraction ↳ Approximate grade level? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiplication ↳ Approximate grade level? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Division ↳ Approximate grade level? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Reporting Personal Information	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Unknown
Ability to recall and verbalize and/or write personal information (i.e., name, address, phone number, Social Security Number, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Handling Money	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Unknown
Counting money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying in budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Computer Literacy	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Unknown
Word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigating the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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6. Has the applicant utilized any assistive technology? If yes, what?

7. What accommodations, if any, will the applicant require to be successful in the program?

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- 8. Additional Remarks: Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a post-secondary experience.**