

Recommendation Form

For applicants to AHRC New York City's Melissa Riggio Higher Education Program at the City University of New York, in partnership with CUNY Unlimited.



To Recommender

You have been asked to complete this form for an applicant to a post-secondary certificate program for young adults with intellectual disabilities. The program provides person-centered supports and a fully inclusive college experience.

Applicants are expected to demonstrate basic reading and writing skills, a strong desire for independence, and the maturity and stability to participate fully. Applicants must show motivation to further their education and engage in campus life.

Instructions

Please answer all questions on the following pages and complete every section. If you wish to provide additional information, you may attach a separate statement. Return the completed form to the applicant in a sealed envelope with your signature across the seal, or email it directly to mrhep@ahrcnyc.org.

The applicant is responsible for ensuring that this recommendation and all other supplemental application materials are submitted to AHRC New York City by the application deadline. For details, visit www.ahrcnyc.org/services/get-an-education/college/apply.

Thank you for your time and feedback. Your input is an important part of the review process.

Recommender Information

First Name

Last Name

Suffix

Title and Department

Name of Educational Institution, Employer, or Organization

Street Address

City

State

Zip Code

Primary Phone Number

Secondary Phone Number (Optional)

Email Address

Signature

Date of Signature

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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. Why do you believe the applicant would benefit from a post-secondary education experience?

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4. How likely is the applicant's family (including parents or guardians) to support the program's goals?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Unlikely

5. Please describe the strengths that make the applicant a strong candidate for this program.

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Personal Support Inventory

Please complete all sections. If you do not know the applicant in a particular area, select "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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Personal Support Inventory (Continued)

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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Academic Skills

If you are an educator or school administrator, or if you are familiar with the applicant's abilities in the academic areas on the following pages, please complete this section. If you do not know the applicant in a particular area, select "Unknown" and proceed to the next section on page 8.

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

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

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Academic Skills (Continued)

Reporting Personal Information	Requires complete assistance	Needs moderate assistance	Needs some assistance	Needs minimal assistance	Completely independent	Unknown
Ability to recall and communicate personal information (e.g., name, address, phone number, Social Security number) verbally and/or in writing	<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 used any assistive technology? If yes, please describe.

7. What accommodations, if any, does the applicant require to succeed in the program?

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8. Additional Remarks: Please describe any physical, intellectual, social, or emotional conditions that should be considered when planning the applicant's post-secondary experience.