



COLLEGE OF EDUCATION

ClemsonLIFE Student Recommendation Form

LETTERS OF RECOMMENDATION

Please submit 3 Letters of Recommendation from persons who have known the applicant for one year or longer.

The recommendations should represent each of the following:

1. Education
2. Vocational/Employment
3. Volunteer/Community Involvement

Make three copies of the Student Recommendation Form and give one copy to each of the evaluators for them to complete.

Letters must be submitted using the Student Recommendation Forms in this packet and must be returned via email to clemsonlife@g.clemson.edu. Please be sure to include the applicant's full name and DOB.

If choosing to mail the letter of recommendation, the address is as follows:

ClemsonLIFE attn Kelli Cooley

Clemson University

101 Gantt Circle – Suite G-01 Tillman Hall

Clemson, SC 29634

STUDENT RECOMMENDATION FORM

Recommendation for (applicant's name): _____

The above named individual is applying for admission to the ClemsonLIFE program at Clemson University. ClemsonLIFE will offer a collegiate experience that prepares young men and women with intellectual disabilities for competitive employment through a combination of academic coursework and career exploration. These students are motivated young adults who have received extensive educational services in either public or private schools and would likely have considerable difficulty succeeding in a traditional college degree program. Students should have a strong desire to become an employable and independent adult and must possess the emotional stability and maturity to participate successfully in this program. You can find out more information about the ClemsonLIFE online at www.clemson.edu/culife.

With the above information in mind, please answer the following questions to the best of your ability and complete a Student Recommendation Inventory/Form (attached). Attach additional pages as needed. Please return this form via email to clemsonlife@g.clemson.edu. The applicant has agreed as part of the application process to waive access to the recommendation form. Thank you for your assistance in this matter.

(Contact information of individuals completing the recommendation.)

Last Name:	First Name:	MI:
Organization Name:	Phone Number:	
Address:		
City:	State:	Zip Code:
Email Address:		

STUDENT RECOMMENDATION FORM

Applicant Name and DOB: _____

Completed by (teacher/employer/community member): _____

1. How long have you known the applicant and **in what capacity?**

2. Please describe why you feel the applicant would benefit from a postsecondary employment and education experience.

3. How likely is it that the parent/family/guardian of this applicant will support the philosophy of and goals of the ClemsonLIFE program?

☐ Unlikely

☐ Likely

☐ Highly Likely

4. Does the applicant have any behaviors that would interfere with their ability to participate in the ClemsonLIFE program? ☐ yes ☐ no

- Has the student been disciplined in the past four years of school? ☐ yes ☐ no

If so, please state the nature of the behavior and the school's recommendation (Detention, Functional Behavioral Assessment, Behavioral Intervention Plan, etc.) _____

- Has the student been suspended from school in the past four years of school? ☐ yes ☐ no

If so, for how long? _____

- Has the student been fired from a previous job/internship? ☐ yes ☐ no

If so, why? _____

4. Please describe the strengths and challenges that the applicant may possess that will impact his/her candidacy for this program? (Use the back of this page or attach additional pages as necessary.)

STUDENT RECOMMENDATION INVENTORY

Applicant Name: _____

Completed by (teacher, employer, community member): _____

Please rate the applicant in the following areas: If you are unsure about a skill and/or this skill is not applicable to the student, please indicate by selecting the “NA” box.

Social Skills and Communication	Requires complete assistance	Needs Moderate Assistance	Needs Some assistance	Needs minimal assistance	Completely independent	NA
Communicating needs in an appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relating to others in a socially appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling conflict with another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respecting persons in authoritative positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greeting new people in a socially appropriate manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distinguishes between friends, customers, & strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains appropriate social behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using a smartphone to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using social networking sites appropriately: Facebook, Instagram, TikTok, Snapchat, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbalizing and/or writing personal information: name, address, phone number, SSN, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT RECOMMENDATION INVENTORY

Applicant Name: _____

Completed by (teacher, employer, community member): _____

Independent Living Skills	Requires complete assistance	Needs Moderate Assistance	Needs Some assistance	Needs minimal assistance	Completely independent	NA
Negotiating/finding way around campus and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering and purchasing from a restaurant, cafe, or store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using good judgment skills in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping well with stress and anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting to new situations or environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage his/her time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sets appointments for himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for personal hygiene and grooming needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling personal affairs: laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
managing personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking for help or clarification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT RECOMMENDATION INVENTORY

Applicant Name: _____

Completed by (teacher, employer, community member): _____

Academic Skills	Requires complete assistance	Needs Moderate Assistance	Needs Some assistance	Needs minimal assistance	Completely independent	NA
Understanding the value of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling debit card to make purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling cash to make purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling Cash Applications to make purchases (Venmo, Cash App, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying within a budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using technology (computer and smartphone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigating the internet and smartphone apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following verbal directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following written directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating motivation 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"/>
Maintaining and following a daily schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering and keeping up with due dates, assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Studying given information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STUDENT RECOMMENDATION INVENTORY

Applicant Name: _____

Completed by (teacher, employer, community member): _____

Vocational/Work Skills	Requires complete assistance	Needs Moderate Assistance	Needs Some assistance	Needs minimal assistance	Completely independent	NA
Making a bed (with traditional sheets/blankets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning a restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing dishes by hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuuming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answering phones with appropriate greetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving food and/or drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greeting new people with appropriate greetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working well with team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give an explanation of the applicant's reading abilities (and approximate grade level equivalent):

Given an explanation of the applicant's writing/composition abilities (and approximate grade level equivalent):

Give an example of the applicant's math abilities (and approximate grade level equivalent):

Has the applicant utilized assistive technology (voice recognition, dictation, iPad, etc.)? If yes, what?

