

**Campus-Based Transition Program
Recommendation Letter**

Name of Applicant: _____

Please answer the following questions to the best of your ability.

About the person writing this recommendation:

Name: _____

Address: _____

Phone number: _____ Email address: _____

Relationship to Applicant: _____

I have known the Applicant for: _____

Please answer the following questions:

Describe the Applicant in three words: _____, _____, _____

Please tell us why you feel the applicant would benefit from participating in this program:

Describe any additional supports you feel that the applicant may need to be successful in this program:

Please share any concerns you have regarding the applicant's participation in this program:

What are some ideal working conditions that you feel the applicant would feel most comfortable in? Ex. Noisy/quiet, independently/with people.

Please rate the following as it pertains to the applicant:

	Strong Point	Meets expectations	Support Needed
Organization/Planning			
Listening/Following directions			
Asking for help			
Taking initiative/motivated			
Recognizing and responding appropriately to needs of others			
Appropriate communication skills			
Dealing with stress/frustration			
Adapting to new situations			
Receptive to feedback			
Emotional stability			
Reliability/Dependability			
Ability to be cheerful, have fun, and smile			

Additional Comments:

This letter should be emailed to megan.reynolds@escoco.org or submitted with your CBT application.