



# **LiFT University Transition Program**

**Student Application**

**2015-2016 Academic Year**

# LiFT University Transition Program

## APPLICATION FOR ADMISSION

Applications are currently being accepted for the 2015 - 2016 Academic Year. You will be notified when your entire packet has been received. Applicants will not be considered until the entire packet is submitted.

### APPLICATION CHECKLIST

- Student Application and \$300 application fee made out to LiFT;
- Student Questionnaire to be completed by the applicant (**student**) – please indicate if a scribe is used;
- Personal Support Questionnaire completed by parent;
- Official High School Transcript, including discipline records (**must be sent directly by school**);
- Behavioral records;
- Current IEP which serves as evidence of the applicant's eligibility for special education and related services under the IDEA;
- A record reflecting that the applicant is or was eligible for special education and related services under the IDEA. This generally is an Individualized Education Plan (IEP);
- A documented comprehensive and individualized psycho-educational evaluation and diagnosis of an intellectual disability by a psychologist or other qualified professional that includes an IQ Score:
  - Psychological Evaluation, including IQ testing within the past three years; and
  - Educational Evaluation, including achievement scores within the past year;
- Two Letters of Recommendation forms from non-family members who have known the applicant for at least three years. Recommendations should include at least one from an educator. Recommendation forms are included in this packet; and
- Copy of guardianship agreement, if applicable.

If selected, the applicant will be interviewed independently as well as with his/her family/support person.

*Note: Due to limited space, not all applicants who successfully complete the application process will be interviewed for admittance to the program.*

Applications and Recommendations should be submitted to:

LiFT University Transition Program  
13400 Park Blvd  
Seminole, FL 33776  
Attn: Kim Kuruzovich, Executive Director

**LiFT University Program is a non-degree Certificate Program. Transfer credits from other colleges or postsecondary programs are not accepted.**

# ADMISSION CRITERIA

## Applicants must:

- Be over the age of 18 by August 1, 2015;
- Display a desire to continue academic, career development, social and independent living instruction at LiFT University;
- Have a cognitive and /or developmental disability that interferes with their academic performance and social development according to the AAIDD. The applicant must have been (or is presently) eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA);
- Have sufficient emotional and independent living skills necessary to participate in coursework and campus life;
- Be able to remain unsupervised for a minimum of 4 hours;
- Demonstrate the ability to accept responsibility for his/her actions and maintain respect for him/her and others and have no history of disruptive or challenging behaviors. LiFT University Program does not have the necessary personnel to manage behavioral issues;
- Be able to perform at an academic level;
- Be independent in handling his/her own medication, specialized dietary and/or medical needs, as well as in the use of his/her own medication. Staff is not available to manage/administer medications. LiFT University Program does not take responsibility for specialized diets or medical needs;
- Participate in an interview with and without support from family/support person, if selected for an interview;
- Complete a reading and writing sample during the interview, if selected;
- The applicant must independently demonstrate the desire to attend the LiFT University Transition program;
- Attend all classes, tutoring and mentoring sessions, etc. once accepted to the Program;
- Have **completed** a high school program; and

## It may cost the following amount for 2015-2016 Academic Year

Academic Tuition and other fees\* **\$15,000**

\*These costs are from the 2015-2016 Academic Year. They are subject to change.

\*\*This tuition and fees cost does not include books or computers, class materials

# STUDENT INFORMATION

(To be completed by student)

A scribe was used for this section of the LiFT Application

Contact Information   Student			
Student's Full Name		Nickname to be called	
Date of Birth (MM/DD/YY)		Social Security #	
Cell Phone #	( )	Email Address	
Address		City, State, Zip	
High School		City, State	
Student's permanent residence is with: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Both <input type="radio"/> Other: _____			
Does the student have a guardianship in place? <input type="checkbox"/> No <input type="checkbox"/> Yes, name of Guardian: _____			
Contact Information			
Mother's Full Name		Father's Full Name	
Cell Phone #	( )	Cell Phone #	( )
Email Address		Email Address	
Address		Address	
City, State, Zip		City, State, Zip	
Work Phone		Work Phone	
Emergency Contact Information			
Name		Relationship	
Cell Phone		Other Phone	
Address		City, State, Zip	

# EDUCATIONAL HISTORY

(To be completed by student)

A scribe was used for this section of the LiFT Application

Schools Attended (Name, City, and State)	Public or Private School	Calendar Years Attended	Reason for Leaving

Did/will receive:  High School Diploma  Equivalent Certificate

Name of certificate received: \_\_\_\_\_

Participated in general education classes:  Yes  No

List general classes taken:

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Describe accommodations used in general education classes. Were these used independently on a regular basis?  
(Copies of notes, extended time, etc.)

1. What was the most challenging part of school (academically and socially)?

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2. What was the most enjoyable part of high school?

3. What clubs or teams were you involved in? Awards won? Offices held?

4. Have you received any state funding to attend a post-secondary program? \_\_\_\_\_

### How did you hear about the LiFT Program?

Thinkcollege.net

Pro Parents

Word-of-Mouth

Internet Search (Google, Bing, Yahoo)

Facebook

Conference: \_\_\_\_\_

Community Event: \_\_\_\_\_

Other: \_\_\_\_\_

# STUDENT QUESTIONNAIRE

(To be completed by student)

A scribe was used for this section of the LiFT Application

1. Why do you want to attend the LiFT University Transition Program?

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2. What are your plans for your future?

3. What kind of job would you like to have when you finish school? Why?

4. What do you like to do during your free time?

5. Whom do you socialize with? Family or friends or do you prefer to be alone?

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6. Describe a special relationship you have with a friend, mentor or family member.

7. Have you ever been away from your family for an extended period of time? If so, when and where?

8. Describe how you like to spend time when you are alone.



9. Are you on Facebook, Instagram, Twitter or other Social Media? Do you check your accounts regularly?

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10. Describe a time when you traveled away from home and family.

# EMPLOYMENT HISTORY

Please complete the following, including paid employment, unpaid employment, school-based employment training and internships. Attach a resume and references if applicable.

**(Employment experience is not a requirement for admission.)**

**A scribe was used for this section of the LiFT Application**

Paid Employment						
Employer				Phone		
Address				Supervisor		
How did you obtain the job?				Job Title		
Responsibilities						
From		To		Reason for Leaving		
Employer				Phone		
Address				Supervisor		
How did you obtain the job?				Job Title		
Responsibilities						
From		To		Reason for Leaving		
Employer				Phone		
Address				Supervisor		
How did you obtain the job?				Job Title		
Responsibilities						
From		To		Reason for Leaving		

**If you need more room, please add experience to the back of the page.**

### Volunteer Work/Unpaid Internships

Employer				Phone	
Address				Supervisor	
How did you obtain the job?				Job Title	
Responsibilities					
From		To		Reason for Leaving	
Employer				Phone	
Address				Supervisor	
How did you obtain the job?				Job Title	
Responsibilities					
From		To		Reason for Leaving	
Employer				Phone	
Address				Supervisor	
How did you obtain the job?				Job Title	
Responsibilities					
From		To		Reason for Leaving	

**If you need more room, please add experience to the back of the page.**

References			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

1. What did you enjoy most about your work experiences? Why?

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2. What type of internships are you interested in for the future?

# PERSONAL SUPPORT INVENTORY

(To be completed by parent or support person)

Completed by: \_\_\_\_\_

Please fill in the information below as completely and honestly as possible. This information gives a greater understanding of the student's functional level and is not a determining factor in acceptance to the Program. **Check all that apply.**

Independent Living Skills	
Finds way around new environment	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Completely independent
Follows a schedule independently	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Completely independent
Bathes daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Changes clothes daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Brushes teeth daily	<input type="checkbox"/> Needs daily reminders <input type="checkbox"/> With prompting/schedules <input type="checkbox"/> Completely independent
Asks for help, clarification	<input type="checkbox"/> Needs prompting <input type="checkbox"/> Always <input type="checkbox"/> Only in familiar situations
Uses good judgment in an emergency	<input type="checkbox"/> Has received instruction, but has not been in the situation <input type="checkbox"/> Has not received instruction <input type="checkbox"/> Completely independent
Copes well with stress	<input type="checkbox"/> Needs assistance <input type="checkbox"/> Has and uses coping strategies <input type="checkbox"/> Independent
Adjusts well to new environments	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Needs little assistance <input type="checkbox"/> Independent
Prefers to do things for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Frequently requests assistance
Laundry	<input type="checkbox"/> Sorts <input type="checkbox"/> Operates washer <input type="checkbox"/> Operates dryer <input type="checkbox"/> Folds <input type="checkbox"/> Irons <input type="checkbox"/> Does not do laundry

### Independent Living Skills (cont.)

Cooks	<input type="checkbox"/> No <input type="checkbox"/> Completely independent <input type="checkbox"/> Very basic (Give example: _____)
Has attended camp away from home	<input type="checkbox"/> Yes (For how long? _____ ) <input type="checkbox"/> No
Sets appointments for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has travelled	<input type="checkbox"/> Yes, flown alone <input type="checkbox"/> Yes, flown with adult <input type="checkbox"/> Internationally <input type="checkbox"/> Yes, bus alone <input type="checkbox"/> Yes, bus with adult <input type="checkbox"/> No <input type="checkbox"/> Other:
Has driver's license	<input type="checkbox"/> Yes, drives on own <input type="checkbox"/> Yes, drives with parent/adult only <input type="checkbox"/> Learner's Permit only <input type="checkbox"/> Student does not drive
What chores is the student responsible for at home?	
Is the student able to manage his/her own time?	<input type="checkbox"/> Arrives on time <input type="checkbox"/> Allows enough time to walk to classes, etc. <input type="checkbox"/> Uses alarm clock <input type="checkbox"/> Uses schedule or day planner <input type="checkbox"/> No
Is student independently able to use:	<input type="checkbox"/> Laptop <input type="checkbox"/> Debit card <input type="checkbox"/> Flash drive <input type="checkbox"/> Cell phone <input type="checkbox"/> ATM <input type="checkbox"/> Attach a document to an email <input type="checkbox"/> Email <input type="checkbox"/> Printer

### Social Skills and Communication

Communicates needs appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prompting
Engages in age appropriate interaction	<input type="checkbox"/> Yes, socializes with same age peers <input type="checkbox"/> Does not socialize <input type="checkbox"/> Socializes mostly with family <input type="checkbox"/> Socializes with older <input type="checkbox"/> Socializes with younger
Deals with conflict	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Seeks assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Independent

### Social Skills and Communication (cont.)

Distinguishes between friends & strangers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has not been in the situation
Follows rules	<input type="checkbox"/> Yes, is a rule follower <input type="checkbox"/> Needs reminders <input type="checkbox"/> Struggles following rules
Orders and purchases from a restaurant/store	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs assistance
Respects authority figures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on the relationship
Uses cell phone	<input type="checkbox"/> Phone calls <input type="checkbox"/> Text messages <input type="checkbox"/> Calendar/day planner <input type="checkbox"/> Alarms <input type="checkbox"/> Apps <input type="checkbox"/> Internet browsing
Is able to provide personal information	<input type="checkbox"/> Address <input type="checkbox"/> Emergency contact <input type="checkbox"/> Medication information <input type="checkbox"/> Insurance information <input type="checkbox"/> Phone number <input type="checkbox"/> Email address
Uses email	<input type="checkbox"/> Has email account but does not use <input type="checkbox"/> With assistance <input type="checkbox"/> Independently <input type="checkbox"/> Remembers passwords <input type="checkbox"/> Needs reminder for passwords
Maintains appropriate social behavior	<input type="checkbox"/> With prompts <input type="checkbox"/> Independently with family <input type="checkbox"/> Needs reminders in public situations <input type="checkbox"/> Independent in public situations
How does the student manage anger/anxiety?	
Dating experience	<input type="checkbox"/> Has not dated <input type="checkbox"/> Has dated <input type="checkbox"/> Online dating <input type="checkbox"/> No experience, but is interested in dating
Is the student currently involved in activities that are specially created for individuals with disabilities?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, inclusive activities

## Academic Skills

Reading skills	<input type="checkbox"/> No functional reading <input type="checkbox"/> Reads chapter books <input type="checkbox"/> Reads books silently <input type="checkbox"/> Can answer questions about a reading selection <input type="checkbox"/> Can summarize a reading selection <input type="checkbox"/> Reads books for pleasure <input type="checkbox"/> Makes inferences <input type="checkbox"/> Approximate grade level reading ability: <input type="checkbox"/> Title of last book read: _____
Math skills	<input type="checkbox"/> Handles money to make a purchase <input type="checkbox"/> Counts change in bills <input type="checkbox"/> Manages a checking account <input type="checkbox"/> Stays within a budget
Computer skills	<input type="checkbox"/> Word processor <input type="checkbox"/> Internet search <input type="checkbox"/> Remembers password <input type="checkbox"/> PowerPoint <input type="checkbox"/> Requires assistance <input type="checkbox"/> Uses Mac <input type="checkbox"/> Uses PC <input type="checkbox"/> Does not use the computer
Following verbal directions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder
Following written directions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder
Time Management	<input type="checkbox"/> Uses a calendar <input type="checkbox"/> Makes appointments <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Keeps planner/agenda <input type="checkbox"/> Sets reminders on phone <input type="checkbox"/> On time
Study Habits	<input type="checkbox"/> Studies independently <input type="checkbox"/> Has tutor <input type="checkbox"/> Requires one on one assistance <input type="checkbox"/> Requires prompting <input type="checkbox"/> Does not have homework
Note-taking	<input type="checkbox"/> Takes own notes <input type="checkbox"/> Uses technology <input type="checkbox"/> Requires copies of notes
Writing skills	<input type="checkbox"/> Has written papers <input type="checkbox"/> Writes simple sentences <input type="checkbox"/> Drafts, revises and edits <input type="checkbox"/> Writes short paragraphs <input type="checkbox"/> Uses punctuation <input type="checkbox"/> Takes notes during class <input type="checkbox"/> Copies notes from board <input type="checkbox"/> Does not write <input type="checkbox"/> Uses technology for writing



**Academic Skills (cont.)**

Listening skills	<input type="checkbox"/> Can retell a story <input type="checkbox"/> Able to retell settings, problems, events and solutions <input type="checkbox"/> Creates questions based on information presented
Tutor/assistant	<input type="checkbox"/> Attended class with student <input type="checkbox"/> Assisted with work one on one <input type="checkbox"/> At home tutor <input type="checkbox"/> No tutor or assistant
Assistive technology	<input type="checkbox"/> iPad- apps: _____ <input type="checkbox"/> Live Scribe Pen <input type="checkbox"/> Laptop <input type="checkbox"/> Voice Recognition software <input type="checkbox"/> Dragon Naturally Speaking <input type="checkbox"/> OneNote <input type="checkbox"/> Evernote <input type="checkbox"/> Recording device <input type="checkbox"/> Google apps <input type="checkbox"/> Other:

**Please feel free to provide any supporting documentation.**

What goals does the family/parent have for the student while in college?

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**Provide any additional information for consideration regarding the applicant. Include any relevant social, emotional or educational factors. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning and employment readiness.**

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# RECOMMENDATIONS AND RELEASE

Please list the following information for recommendations. Individuals sending recommendations should know the student well and be able to speak to his/her readiness for college:

Recommendation 1 (Educator)	
Name	Position
Address, City, State	
Phone	Email

Recommendation 2	
Name	Position
Address, City, State	
Phone	Email

Recommendation 3	
Name	Position
Address, City, State	
Phone	Email

**I agree to waive my right to access the student recommendation forms.**

Applicant: \_\_\_\_\_  
Print Name (applicant signature) (date)

Parent: \_\_\_\_\_  
Print Name (parent/guardian signature) (date)



# **LiFT University Transition Program**

Student Application

**RECOMMENDATION FORM**

# Student Application RECOMMENDATION FORM FOR:

\_\_\_\_\_  
(Applicant name)

The above named individual has applied for admission to the LiFT University Transition Program. LiFT serves to provide young adults with intellectual disabilities an inclusive college experience that will further their academic, employment, social and independent living skills. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form. Your timely completion and mailing of this form are greatly appreciated by the applicant. If you have any further questions, please contact the LiFT Transition Program at 727.434.8322. Thank you.

Contact Information		
Your Name	Title/Organization	
Address		
City	State	Zip
Phone	Email Address	

1. How long have you known the applicant?

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2. In what capacity?

3. Are you familiar with the LiFT University Transition Program?  Yes  No

4. Do you feel the applicant would benefit from the post-secondary education service in the area of **academics**? Why or why not?

5. Do you feel the applicant would benefit from the post-secondary education service in the area of **socialization**? Why or why not?

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6. Do you feel the applicant would benefit from the post-secondary education service in the area of **independent living**? Why or why not?

7. Do you feel the applicant would benefit from the post-secondary education service in the area of **career development**? Why or why not?

8. Does the applicant have any behaviors that would interfere with their ability to participate in the LiFT University Transition Program?  Yes  No  
Comments:

9. Discuss the student's social skills that you have observed with same aged peers:

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10. Discuss the student's level of independence:

11. Discuss how the student manages stress:

Please describe the applicant in detail. Include any additional information or commentary about the applicant. If you need more space, please attach an additional page. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning and employment readiness.

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**Thank you.**

**Please return the completed recommendation form to:**

**The LiFT University Transition  
Program**

**13400 Park Blvd**

**Seminole, FL 33776**

**Attn: Kim Kuruzovich,**

**Executive Director**



# **LiFT University Transition Program**

Student Application

**RECOMMENDATION FORM**



5. Do you feel the applicant would benefit from the post-secondary education service in the area of **socialization**? Why or why not?

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6. Do you feel the applicant would benefit from the post-secondary education service in the area of **independent living**? Why or why not?

7. Do you feel the applicant would benefit from the post-secondary education service in the area of **career development**? Why or why not?

8. Does the applicant have any behaviors that would interfere with their ability to participate in the LiFT University Transition Program?  Yes  No  
Comments:

9. Discuss the student's social skills that you have observed with same aged peers:

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10. Discuss the student's level of independence:

11. Discuss how the student manages stress:

Please describe the applicant in detail. Include any additional information or commentary about the applicant. If you need more space, please attach an additional page. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning and employment readiness.

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**Thank you.**

**Please return the completed recommendation form to:**

**The LiFT University Transition  
Program**

**13400 Park Blvd**

**Seminole, FL 33776**

**Attn: Kim Kuruzovich,**

**Executive Director**



# **LiFT University Transition Program**

Student Application

Educator Recommendation Form



# EDUCATOR RECOMMENDATION FORM FOR:

\_\_\_\_\_  
(Applicant name)

The above named individual has applied for admission to the LiFT University Transition Program. The LiFT Program serves to provide young adults with intellectual disabilities an inclusive college experience that will further their academic, employment, social and independent living skills. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form. Your timely completion and mailing of this form are greatly appreciated by the applicant. If you have any further questions, please contact the LiFT Program at 727.434.8322. Thank you.

Contact Information		
Your Name	Title/Organization	
Address		
City	State	Zip
Phone	Email Address	

1. How long have you know the applicant?

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2. In what capacity?

3. Are you familiar with the LiFT University Transition Program?  Yes  No

4. Do you feel the applicant would benefit from the post-secondary education service in the area of **academics**? Why or why not?

5. Do you feel the applicant would benefit from the post-secondary education service in the area of **socialization**? Why or why not?

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6. Do you feel the applicant would benefit from the post-secondary education service in the area of **independent living**? Why or why not?

7. Do you feel the applicant would benefit from the post-secondary education service in the area of **career development**? Why or why not?

8. Does the applicant have any behaviors that would interfere with their ability to participate in the LiFT Program?  Yes  No  
Comments:

9. Discuss the student's social skills that you have observed with same aged peers:

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10. Discuss the student's level of independence:

11. Discuss how the student manages stress:

## Independent Living Skills

Finds way around new environment	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Completely independent
Follows a schedule independently	<input type="checkbox"/> Has never had the opportunity <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Completely independent
Hygiene	<input type="checkbox"/> Is an issue <input type="checkbox"/> Is not an issue
Asks for help, clarification	<input type="checkbox"/> Needs prompting <input type="checkbox"/> Always <input type="checkbox"/> Only in familiar situations
Use good judgment in an emergency	<input type="checkbox"/> Has received instruction, but has not been in the situation <input type="checkbox"/> Has not received instruction <input type="checkbox"/> Completely independent
Copes well with stress	<input type="checkbox"/> Needs assistance <input type="checkbox"/> Has and uses coping strategies <input type="checkbox"/> Independent
Adjusts well to new environments	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Needs little assistance <input type="checkbox"/> Independent
Prefers to do things for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Frequently requests assistance
Sets appointments for himself/herself	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has travelled	<input type="checkbox"/> Yes, flown alone <input type="checkbox"/> Yes, flown with adult <input type="checkbox"/> Internationally <input type="checkbox"/> Yes, bus alone <input type="checkbox"/> Yes, bus with adult <input type="checkbox"/> No <input type="checkbox"/> Other: _____
Has driver's license	<input type="checkbox"/> Yes, drives on own <input type="checkbox"/> Yes, drives with parent/adult only <input type="checkbox"/> Learner's Permit only <input type="checkbox"/> Student does not drive
What responsibilities outside of classwork does the student have at school?	
Is the student able to manage his/her own time?	<input type="checkbox"/> Arrive on time <input type="checkbox"/> Allow enough time to walk to classes, etc. <input type="checkbox"/> Uses alarm clock <input type="checkbox"/> Uses schedule or day planner <input type="checkbox"/> No
Has participated in community based instruction	<input type="checkbox"/> No <input type="checkbox"/> Yes, successfully <input type="checkbox"/> Yes, unsuccessfully
Students knows and understands disability	<input type="checkbox"/> Not aware of disability <input type="checkbox"/> Knows disability, but does not understand <input type="checkbox"/> Knows and understands

### Social Skills and Communication

Communicates needs appropriately	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prompting
Engages in age appropriate interaction	<input type="checkbox"/> Yes, socializes with same age peers <input type="checkbox"/> Does not socialize <input type="checkbox"/> Socializes mostly with family <input type="checkbox"/> Socializes with traditional students <input type="checkbox"/> Socializes only with students with disabilities
Deals with conflict	<input type="checkbox"/> Needs much assistance <input type="checkbox"/> Seeks assistance <input type="checkbox"/> Needs limited assistance <input type="checkbox"/> Independent
Distinguishes between friends & strangers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has not been in the situation
Follows rules	<input type="checkbox"/> Yes, is a rule follower <input type="checkbox"/> Needs reminders <input type="checkbox"/> Struggles following rules
Respects authority figures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Depends on the relationship
Uses cell phone	<input type="checkbox"/> Phone calls <input type="checkbox"/> Text messages <input type="checkbox"/> Calendar/day planner <input type="checkbox"/> Alarms <input type="checkbox"/> Apps <input type="checkbox"/> Internet browsing
Is able to provide personal information	<input type="checkbox"/> Address <input type="checkbox"/> Emergency contact <input type="checkbox"/> Medication information <input type="checkbox"/> Insurance information <input type="checkbox"/> Phone number <input type="checkbox"/> Email address
Uses email	<input type="checkbox"/> Has email account but does not use <input type="checkbox"/> With assistance <input type="checkbox"/> Independently <input type="checkbox"/> Remembers passwords <input type="checkbox"/> Needs reminder for passwords
Maintains appropriate social behavior	<input type="checkbox"/> With prompts <input type="checkbox"/> Independently with family <input type="checkbox"/> Needs reminders in public situations <input type="checkbox"/> Independent in public situations
How does the student manage anger/anxiety?	

## Academic Skills

Reading skills	<input type="checkbox"/> No functional reading <input type="checkbox"/> Reads chapter books <input type="checkbox"/> Reads books silently <input type="checkbox"/> Can answer questions about a reading selection <input type="checkbox"/> Can summarize a reading selection <input type="checkbox"/> Reads books for pleasure <input type="checkbox"/> Makes inferences <input type="checkbox"/> Approximate grade level reading ability: _____ <input type="checkbox"/> Title of last book read: _____
Math skills	<input type="checkbox"/> Handles money to make a purchase <input type="checkbox"/> Counts change in bills <input type="checkbox"/> Manages a checking account <input type="checkbox"/> Stays within a budget <input type="checkbox"/> Approximate grade level: _____
Computer skills	<input type="checkbox"/> Word processor <input type="checkbox"/> Internet search <input type="checkbox"/> Remembers password <input type="checkbox"/> PowerPoint <input type="checkbox"/> Requires assistance <input type="checkbox"/> Uses Mac <input type="checkbox"/> Uses PC <input type="checkbox"/> Does not use the computer
Has participated in inclusive class	<input type="checkbox"/> No <input type="checkbox"/> Yes, independently <input type="checkbox"/> Yes, with assistant <input type="checkbox"/> Yes, with accommodations
Following verbal directions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder
Following written directions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With reminder
Time Management skills	<input type="checkbox"/> Uses a calendar <input type="checkbox"/> Makes appointments <input type="checkbox"/> Needs complete assistance <input type="checkbox"/> Keeps planner/agenda <input type="checkbox"/> Sets reminders on phone <input type="checkbox"/> On time
Study Habits	<input type="checkbox"/> Studies independently <input type="checkbox"/> Has tutor <input type="checkbox"/> Requires one on one assistance <input type="checkbox"/> Requires prompting <input type="checkbox"/> Does not have homework
Note-taking skills	<input type="checkbox"/> Takes own notes <input type="checkbox"/> Uses technology <input type="checkbox"/> Requires copies of notes

### Academic Skills (cont.)

Writing skills	<input type="checkbox"/> Has written papers <input type="checkbox"/> Writes simple sentences <input type="checkbox"/> Drafts, revises and edits <input type="checkbox"/> Writes short paragraphs <input type="checkbox"/> Uses punctuation <input type="checkbox"/> Takes notes during class <input type="checkbox"/> Copies notes from board <input type="checkbox"/> Does not write <input type="checkbox"/> Uses technology for writing <input type="checkbox"/> Approximate grade equivalent: _____
Listening skills	<input type="checkbox"/> Is auditory learner <input type="checkbox"/> Able to retell settings, problems, events and solutions <input type="checkbox"/> Create questions based on information presented
Tutor/assistant	<input type="checkbox"/> Attended class with student <input type="checkbox"/> Assisted with work one on one <input type="checkbox"/> At home tutor <input type="checkbox"/> No tutor or assistant
Assistive technology	<input type="checkbox"/> iPad- apps: _____ <input type="checkbox"/> Live Scribe Pen <input type="checkbox"/> Laptop <input type="checkbox"/> Voice Recognition software <input type="checkbox"/> Dragon Naturally Speaking <input type="checkbox"/> OneNote <input type="checkbox"/> Evernote <input type="checkbox"/> Recording device <input type="checkbox"/> Google apps <input type="checkbox"/> Other: _____

Please describe the applicant in detail. Include any additional information or commentary about the applicant. If you need more space, please attach an additional page. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning and employment readiness.

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**Thank you.**

**Please return the completed recommendation form to:**

**The LiFT University  
Transition Program  
13400 Park Blvd  
Seminole, FL 33776  
Attn: Kim Kuruzovich,  
Executive Director**