

REACH: Realizing Educational and Career Hopes

N297 Lindquist Center North, College of Education
The University of Iowa
Iowa City, IA 52242
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CONFIDENTIAL REFERENCE FORM

Note to Student/Parent/Guardian: Please fill out the top section of this reference form before giving it to each of your references. Three reference forms should be completed by non-relatives who have known you for at least six months. One reference must be from an educator. Other references should be an educator, supervisor, employer, family friend, or a service provider. These forms should be sent directly to the REACH Program by the references.

Student Name: _____
Last First Middle

Student Address: _____
Street City State Zip

Waiver Statement: I understand this reference form and behavioral assessment is to be submitted and maintained in confidence by The University of Iowa for admission consideration to the REACH Program. I hereby waive all rights I may have to access these documents under the Family Education Rights and Privacy Act of 1974, and any/all other laws, regulations, or policies. I understand the rights I am waiving include, but are not limited to, the right to review these documents; the right to have a copy of these forms; and/or the right to request an amendment to any of the documents.

I agree to waive my access to these documents.

I do not agree to waive my access to these documents.

Student Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Please mail completed form to:

Realizing Educational and Career Hopes

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Please describe any limitations that would prevent the applicant from being involved in physical activities essential to vocational training or independent living goals.

Please indicate the most effective learning strategies for the student:

- Auditory Reading Visual Aid Other: _____
 Memorization Repetition Experiential Learning

Describe how the student compensates for learning or cognitive disabilities when managing a task.

Please provide any additional supporting information that you may have regarding this student.

BEHAVIORAL ASSESSMENT

Please honestly evaluate the student’s ability in each of the areas below. You may place a checkmark in the *Don’t Know* column if you do not have information necessary to evaluate the student for a specific skill. **Please type or print legibly.**

Independent Living Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don't Know
Exercises good grooming behaviors—brushes hair, shaves daily					
Showers independently on a daily basis					
Exhibits good hygiene—brushes teeth, trims nails, washes hands					
Uses an alarm to wake up, Goes to sleep at a reasonable time					
Budgets time and uses a schedule					
Understands time needed to complete different tasks (e.g. cleaning room, personal care, homework)					
Prepares a simple, healthy meal; packs a lunch					
Utilizes kitchen appliances to prepare meals					
Cleans kitchen area and dishes after eating					
Does laundry—uses a washing machine, dryer, and iron					
Maintains a clean and organized living area—ie. makes bed daily, puts clothes away					
Is able to stay home alone					
Understands emergency procedures					

Please include any additional comments on independent living skills: _____

Interpersonal Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance	Don't Know
Greets people appropriately					
Communicates needs and opinions to others effectively					
Engages in informal conversations					
Establishes and maintains relationships with friends					
Enjoys spending time alone with friends					
Engages in social activities independently					
Plans social events					
Responds appropriately to authority figures					
Has ability to problem solve					
Recognizes & manages his/her emotions					
Recognizes & responds appropriately to the emotions of others					
Uses a cell phone					

Please include any additional comments on interpersonal skills: _____

Community/Life Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance
Manages personal belongings—including carrying an ID in public				
Uses a bank account				
Uses personal money for spending				
Handles the exchange of money—bills and coins				
Creates and follows a weekly/monthly budget				
Understands responsibility of paying bills				
Schedules necessary appointments				
Shops for food or apparel				
Uses public transportation to get to/from work or school on public transportation				
Demonstrating safety awareness when among strangers				
Uses community resources				
Knows how to find help when needed				

Please include any additional comments on community and life skills: _____

Computer Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance
Turns computer and accessories on and off				
Uses a mouse to move the cursor, drag an object, or switch programs				
Composes and type a paragraph in a word processing program				
Starts up and uses browser to access information on the web				
Logs into a computer station and e-mail account				
Uses common e-mail functions such as creating, sending, and replying				
Uses Facebook or other electronic social networks				

Please include any additional comments on computer skills: _____

Career Skills	Completely Independent	Minimal Assistance	Moderate Assistance	Complete Assistance
Attends work regularly				
Arrives on time and takes appropriate breaks				
Dresses appropriately for job and weather				
Meets hygiene expectations in the work environment				
Cooperates with supervisor				
Able to work as a team member and get along with co-workers				
Follows written directions				
Follows verbal directions				
Asks questions/for clarification when needed				
Completes assigned work tasks				
Follows appropriate safety procedures				
Recognizes areas that need improvement				
Works to improve performance				

Please include any additional comments on career skills: _____

Please rate the student on each of the characteristics in the area of school, job, and home. Please consider the specific setting for each of the qualities or skills. For any areas you do not feel qualified to provide a response, write N/A in the specific blank.

QUALITIES

GENERAL: SCALE: 1 (LOW), 2, 3, 4, 5 (HIGH)

	<u>SCHOOL</u>	<u>JOB</u>	<u>HOME</u>
Initiative	_____	_____	_____
Responsibility	_____	_____	_____
Maturity	_____	_____	_____
Reliability	_____	_____	_____
Ability to use good judgment	_____	_____	_____
Determination	_____	_____	_____
Attitude	_____	_____	_____

Comments--describe qualities that need further development: _____

EMOTIONAL ADAPTABILITY: SCALE: 1 (LOW), 2, 3, 4, 5 (HIGH)

	<u>SCHOOL</u>	<u>JOB</u>	<u>HOME</u>
Ability to cope with stress	_____	_____	_____
Adjusts well to newer situations or environments	_____	_____	_____
Ability to keep problems in perspective	_____	_____	_____

Comment on types of situations that are stressful for student and coping mechanisms used: _____

INTERPERSONAL: SCALE: 1 (LOW), 2, 3, 4, 5 (HIGH)

SCHOOL

JOB

HOME

Ability to relate to teachers

Ability to relate to young children

Ability to relate and interact with same-age peers

Ability to relate to elderly people

Ability to relate to people with disabilities

Maintains positive relationships with adults

Comments on style of interaction and specific strengths and weaknesses: _____

May we contact you for further information if necessary? Yes No

If yes, what is your preferred method of contact? Phone E-mail

THE FOLLOWING SECTION IS FOR EDUCATORS ONLY (For all others, please go to the last section to complete the form by signing the document.) As you comment about the applicant below, please consider how the student compares to all students you have had contact with multiple learning and cognitive disabilities.

Please rank the student using the following guideline.

___ Top 5% ___ Top 10% ___ Top 25% ___ Top 50%

Please provide some rationale and examples for this rank based on the student's:

Academic Strengths: _____

How does the student show motivation/interest in learning? _____

Give examples of growth in skills: _____

Please rate the applicant in the following areas by placing an X in the appropriate box.

	Excellent	Very good	Average	Below Average	Do Not Know
Leadership					
Initiative					
Adaptability					
Perseverance					
Academic Motivation					
Academic Growth					
Commitment to Community					
Trustworthy					
Integrity					

Please cite specific examples of how the applicant has demonstrated the qualities listed above.

Describe an academic challenge this applicant encountered and how he/she responded.

Describe any contributions the student has made to the school or community.

Thank you for dedicating the time to complete this recommendation as we value the insights you are able to provide us regarding the applicant.

Reference Signature: _____ Date: _____

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