LETTER OF RECOMMENDATION FORM

Please submit 2 Letters of Recommendation from persons who have known the applicant for one year or longer. Letters of recommendation from parents, guardians, or family members are not acceptable. The recommendations should include information about the applicant from each of the following areas:

(1) education  
(2) vocational/employment  
(3) community involvement  
(4) personal (not family)

Make 2 copies of pages 1-4 and give one copy to each of the 2 evaluators. Please supply two letter-sized envelopes and attach one to each of the recommendation forms.

****Letters must be submitted using the Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes with the evaluator’s signature across the flap.
TigerLIFE Postsecondary Program

Student Recommendation Form for

________________________________________(applicant’s name)

Completed by: ________________________________
Recommendation for __________________________________________ (applicant’s name)

The above named individual is applying for admission to the TigerLIFE Postsecondary Program at the University of Memphis. This program is designed to prepare students with cognitive and intellectual disabilities who desire a postsecondary experience on a college campus and require a strong system of supports, the opportunity for long term, gainful employment. These students are highly motivated young adults who have received extensive educational services in either public or private schools and would likely have considerable difficulties succeeding in a traditional college degree program. Students should have a strong desire to become an independent adult and must possess emotional stability and maturity to participate successfully in this program.

With the above information in mind, please answer the following questions to the best of your ability and complete a Personal Support Inventory (attached. Attach additional pages as needed. Please return this form to the applicant in a sealed envelope and sign across the seal. The applicant has agreed as part of the application process to waive access to the recommendation form. The applicant will submit all letters of recommendation as part of their completed Student Application Packet. Thank you for your assistance in this matter.

Your full name:__________________________________________________________

Your title:________________________________________________________________________

Address:____________________________________________________________________________
____________________________________________________________________________________
_____________________________________________________________________________________

Phone #: _____________________________

Organization: ________________________________________________________________
Basic Information

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 education experience.

3. In your experience with the applicant and his/her family, how supportive will the parents/family/guardians be in support of the philosophy and goals of the TigerLIFE program as described on the previous page?

4. Please describe the strengths of the applicant that will make him/her a strong candidate for this program.

5. Please describe the areas of growth that the applicant may have.

6. Is there any other information you would want us to know about the applicant?
### Personal Support Inventory

**To be filled out by the Referee**

For the following survey:
1 = Requires complete assistance
2 = Needs moderate assistance
3 = Needs some assistance
4 = Needs minimal assistance
5 = Completely Independent
N/O = Not observed

(Please circle 1 response per item)

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<th>Activity</th>
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<tbody>
<tr>
<td>Negotiating his/her way around campus environment</td>
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<td>Ordering and purchasing from a restaurant menu/cafeteria/store</td>
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<td>Handling personal affairs such as laundry, light cooking, cleaning</td>
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<td>Relating to others</td>
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<td>Asking for help, clarification, or questions</td>
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<td>Using personal judgment skills in an emergency</td>
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<td>Coping with stress</td>
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<td>Using technology (cell phone, email, etc.)</td>
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Thank you for completing the letter of recommendation. By signing the line below, I certify the information I have provided in my recommendation for the applicant.

Print name: ____________________________________________________________

Signature: ____________________________________________________________

Date: __________________________________________________________________