Project Forward
Recommendation Form, Academic Year 2021-2022

Recommendation for ____________________________________ Date ______________

The above-named individual has applied for admission to Project Forward at Cape Cod Community College, a two-year, non-credit, vocational certificate program for students with intellectual difficulties who are interested in post-secondary training and education. The program focuses on the practical skills necessary to succeed in entry-level employment.

Appropriate candidates include those individuals who are motivated to gain vocational skills but would have difficulty meeting the academic demands of an associate degree program, even with extensive support services. Applicants must demonstrate the emotional stability and maturity necessary to participate in a program located on a community college campus, and be able to perform with minimal supervision at a work-study placement in a competitive business setting.

Upon completion of the program, students are prepared for employment in areas including: Agriculture and Facilities, Healthcare Operations, Hospitality and Culinary Arts, Mass Communications and Broadcasting and Retail Operations Management.

With the above information in mind, please answer the following questions on both sides. Your input will help us in advising this applicant regarding the appropriateness of the Project Forward program for him/her.

Please rate the applicant on the following characteristics on a scale of one to five in relation to others who are his/her age.

Key: 5 = meets and sometimes exceeds expectations
      4 = competent – consistent
      3 = emerging – inconsistent
      2 = minimal – needs substantial support
      1 = low – poor

General:
_____Initiative
_____Motivation
_____Reliability
_____General attitude toward work

Interpersonal:
_____Ability to relate to peers
_____Ability to relate to teachers/work supervisors
_____Ability to relate to young children
_____Self-sufficiency

Please comment on the applicant’s ability to relate to others and any specific strengths and weaknesses in social interactions:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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**Judgment/Decision-Making:**
- ___Ability to make everyday decisions using good judgment
- ___Ability to react in an emergency using good judgment
- ___Ability to use people as resources (i.e., asking for help when necessary, asking questions/clarification when appropriate)
- ___Ability to follow health and safety rules and procedures in a vocational and community setting with minimal supervision

Please comment on the applicant’s ability to use good judgment:
________________________________________________________________________
________________________________________________________________________

**Emotional Adaptability:**
- ___Emotional stability
- ___Ability to cope with stress
- ___Ability to adjust positively to new situations
- ___Ability to separate own problems from problems of others

**Time Management and Organization:**
- ___Ability to attend to daily schedule (arrives on time, keeps appointments, etc.)
- ___Ability to plan and carry out activities (keep track of school calendar, daily/weekly schedule, arrange transportation, follow work routines, etc.)
- ___Attendance

Please comment on the amount and type of supervision the applicant requires to complete a work-based project or assignment at his/her level:
________________________________________________________________________
________________________________________________________________________

Please describe any known accommodations the student may need in order to be involved in the physical activities essential to working in a retail, hospitality, or business environment:
________________________________________________________________________

Please provide any additional comments you feel would be helpful regarding the applicant’s strengths and/or weaknesses in participating in a community college and employment setting:
________________________________________________________________________
________________________________________________________________________

Your Name_______________________________________Title__________________________
Organization_______________________________________Phone_____________________
Relationship to Applicant_________________________Length of Relationship__________

Please return completed form to: Cape Cod Community College
PROJECT FORWARD
2240 Iyannough Road
West Barnstable, MA 02668
Or email: cdorey@capecod.edu
* faxing not available