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 significant learning 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 jobs such as: baker’s helper or cook’s helper; maintenance or landscape worker; retail sales clerk, stocker, shipping/receiving clerk; cashier; office clerk; animal care or veterinary assistant, dietary or elder care assistant, etc.

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