LETTERS OF RECOMMENDATIONS FORM

Please submit three Letters of Recommendations (verification of actual abilities) from persons who have known the applicant for six months or longer. The recommendations may come from the following:

1. Education
2. Vocational/employment
3. Community involvement, and
4. Personal (not family)

Make three copies of the next pages and give one copy to each person of whom you are requesting a recommendation. For teachers, you will also need to provide them with a copy of the Personal Support Inventory for teachers.

Letters must be mailed to:

EAGLE Academy at Georgia Southern University
Attn: Karen Phipps
P. O. Box 8134
Statesboro, GA 30460
Student Recommendation Form for:

____________________________________________ (applicant’s name)

Completed by ________________________________________________

Date_____________________________________


EAGLE Academy
Recommendation Form

Check type of recommendation:

_____Education
_____Vocational
_____Community Involvement
_____Personal

Recommendation for ___________________________ (applicant’s name)

The above named individual is applying for admission to EAGLE Academy at Georgia Southern University. This is a two-year Inclusive Post-Secondary Education Program in which students audit GSU classes, attend classes at the Academy, participate in workplace internships and participate in campus activities. During their time with us, each student will have individualized goals and education plans develop through Person-Centered-Planning, and will be provided the necessary supports to reach these. This program is designed to support students with intellectual and/or developmental disabilities who desire a postsecondary experience on a college campus. These students are highly motivated young adults who have received substantial educational services in either public or private schools. They would most likely have considerable difficulty 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. The student will receive a certificate upon completion of his/her individualized program of study.

With the above information in mind, please answer the following questions to the best of your ability and with accurate descriptions of the student’s current ability levels. Attach additional pages as needed. NOTE: Teachers should complete the Personal Support Inventory.

Your name: ___________________________________________________
Address: ______________________________________________________
___________________________________________________
Organization: ________________________________________________
Phone: _____________________________________________________
Email: ______________________________________________________

1. How long have you known the applicant and in what capacity?
2. How likely is it that the parent/family/guardian of this applicant will support the philosophy and goals of EAGLE Academy?
   _____Unlikely     _____Likely     _____Quite Likely     _____Highly Likely

3. Please describe why you feel the applicant would benefit from a postsecondary education experience.

4. Please describe the strengths and challenges that the applicant may have that will make him/her a strong candidate for this program? (Attach additional pages as needed.

5. Please describe the applicant’s ability to find his or her way around a new environment such as Georgia Southern University campus independently.

6. How does the applicant adjust to new situations?

7. Please explain how the applicant communicates his or her needs. In your opinion, does the applicant communicate in an appropriate manner?

8. Give an example of how the applicant engages in appropriate social interactions.