Download this file to your computer and fill it out in Adobe Acrobat Reader to ensure your changes are saved.

# Turning Point Program
# Applicant Recommendation Form

**Applicant's Name:**

The above-named individual is applying for admission to the **Turning Point Program at Bergen Community College.** The program serves to provide young adults with intellectual disabilities an inclusive college experience that will further their academic, vocational, social and independent living skills.

With the above information in mind, please answer the questions below to the best of your ability and complete the Personal Support Inventory that follows. 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 to waive access to the completed recommendation form. The applicant will submit all letters of recommendation as part of their completed Student Application Packet.

If you have any further questions please contact the Turning Point Main Office at 201-493-4087.

**Your Name:**

**Title:**

**Organization:**

**Daytime Phone Number (required):**

**E-mail Address (required):**

**May we contact you for further information if the applicant is being considered for admission to the Turning Point Program?** ◯ Yes ◯ No

*Bergen Community College / The Turning Program does not discriminate in its recruitment and admission of students, regardless of gender, race, creed, color, religion, age, national and ethnic origin, sexual orientation, disability, or veteran status.*

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. **Please describe any strengths that the applicant may have that will make the applicant a strong candidate for this program.**

4. **Please describe any challenges that the applicant has that may impact their program experience.**

5. **What strategies does the student use when they feel stressed or overwhelmed?**

6. **How does the student solve unexpected situations (missed bus, lost item, schedule change, can't locate a classroom)?**

**Additional Remarks (optional)**
Please list/discuss any other information that may impact the applicant's postsecondary experience.

# Support Inventory

**Please complete the following support inventory based on your knowledge of the applicant. If you do not know the applicant's skills in a particular area, please select Unknown.**

| **Independent Living Skills** | **Unknown** | **1 (Requires Complete Assistance)** | **2 (Needs moderate assistance)** | **3 (Needs some assistance)** | **4 (Needs minimal assistance)** | **5 (Completely Independent)** |
|---|---|---|---|---|---|---|
| Negotiating/finding way around campus environment | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to transition between activities and events | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ordering and purchasing from a restaurant/cafeteria or store | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | | | | |
| **Interpersonal Skills** | **Unknown** | **1 (Requires Complete Assistance)** | **2 (Needs moderate assistance)** | **3 (Needs some assistance)** | **4 (Needs minimal assistance)** | **5 (Completely Independent)** |
| Engages with peers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Use of judgment skills in making everyday decisions | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Use of judgment skills in an emergency | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| | | | | | | |
| **Social Skills and Communication** | **Unknown** | **1 (Requires Complete Assistance)** | **2 (Needs moderate assistance)** | **3 (Needs some assistance)** | **4 (Needs minimal assistance)** | **5 (Completely Independent)** |
| Communicating their needs in an appropriate manner | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Engaging in appropriate social interactions | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Using a cell phone, e-mail, texting | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| Academic Skills | Unknown | 1 (Requires Complete Assistance) | 2 (Needs moderate assistance) | 3 (Needs some assistance) | 4 (Needs minimal assistance) | 5 (Completely Independent) |
|---|---|---|---|---|---|---|
| Computer Skills | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Classroom participation | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to communicate personal information: name, address, phone, etc. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to follow verbal directions | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to follow written directions | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Ability to keep a daily schedule with due dates and assignments | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |