



University of Cincinnati Transition and Access Program Recommendation Packet

(Applicant's name)

The above named individual has applied for admission to the Transition and Access Program (TAP) at the University of Cincinnati. The Transition and Access Program is a four-year program including residential campus living that provides young adults with intellectual and developmental disabilities an inclusive college experience designed to enhance their academic, vocational, social, and independent living skills. For more information regarding TAP, please visit our website at <http://cech.uc.edu/tap.html>.

Please submit a letter of recommendation as described on the attachment to the best of your ability. In addition, please complete the attached Recommendation Form and Skill Inventory Form. The applicant has waived his/her right to access this information. Your timely completion and mailing of this information is greatly appreciated by the applicant.

If you have, any further questions please contact the TAP Director at transitionaccess@uc.edu.
Thank you.

Recommender Checklist – Please complete and/or include the following:

- Complete contact information
- Include Recommendation Letter
- Complete Registration Form
- Return all documents to:

University of Cincinnati
Director, Transition and Access Program
PO Box 210022
Cincinnati, OH 45221

(Applicant's name)

Recommender Contact Information

Name:	
Title/Organization:	
Address:	
City, State, Zip:	
Email Address:	
Preferred phone to contact:	

Recommendation Letter

Please submit a letter of recommendation including responses to the following questions or statements:

1. How long have you known the applicant and in what capacity?
2. How do you feel the applicant would benefit from the Transition and Access Program?
3. Describe any specific behaviors the applicant engages in that would interfere with their ability to fully participate in TAP, living in a resident hall, attending college classes, or managing his/her own schedule independently.
4. Describe the strengths; skills or traits that the applicant has that will make him/her a strong applicant for the Transition and Access Program.
5. Describe areas of need that you feel participation in TAP can support. What are the applicant's transition needs, or current goals, and how can TAP best support the applicant in achieving them?
6. For the educator, please rate the applicant's ability in the following areas:

Subject/Skill	Approximate Grade Level
Reading	
Writing	
Listening Comprehension	
Addition/Subtraction	
Multiplication/Division	
Money Skills	

Recommendation Form

(Please submit along with the Letter of Recommendation)

Applicant's Name:	
Recommender's Name:	
Relationship to Applicant:	
Length of time known:	
Email:	
Phone number:	

Please check the appropriate box.

Skills	Does not perform skill	Needs a lot of prompting	Little prompting	Independent	Do not know	Comments
Independent Skills						
Finds way around new environment						
Follows a schedule						
Uses good judgment in an emergency						
Manages own belongings						
Copes well with stress						
Copes well with change						
Manages own sensory needs appropriately						
Comments:						
Social/Communication Skills						
Seeks assistance when unsure or confused						
States opinions and relays needs clearly						
Respects other's opinions						
Deals with conflict						
Distinguishes between friends and strangers						
Engages in conversation appropriately listening, responding on topic & appropriate voice volume						
Engages appropriately with peers socially – personal space, communication, respect						
Comments:						

Vocational/Academic						
Is prompt to class or appointments						
Knows how he or she learns best						
Takes initiative						
Persists when faced with a challenging task						
Follows verbal directions						
Handles constructive criticism well						
Sets obtainable goals						
Comments:						