

ELMHURST LEARNING AND SUCCESS ACADEMY (ELSA)

Letter of Recommendation

Note: One recommendation must be completed by parent/guardian.

Two (2) additional recommendations are required as part of this application process. Please request these two recommendations from teachers, employers, vocational/transition specialists. Other possibilities include: therapists, social worker, friends, neighbors, physician, or family friends.

Applicant's Name _____

- I waive the right provided by the Family Rights to Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at Elmhurst Learning and Success Academy.
- I do not waive my right. I wish to retain my right to view this letter in my file at Elmhurst Learning and Success Academy.

 Signature of Applicant Date

The above named student has applied for admission to Elmhurst Learning and Success Academy (ELSA), a four-year comprehensive certificate program at Elmhurst College for young adults with diverse cognitive, intellectual and developmental disabilities. ELSA students are high school graduates who typically have received extensive special services in either private or public school, yet each would have tremendous difficulty succeeding in a traditional college/university degree program.

ELSA students are highly motivated and possess the ability to learn new skills in academics, work experience and social/leisure/recreational areas. Each has a strong desire to become an independent adult. ELSA students must possess emotional stability and maturity based on their individual needs to participate successfully in this program.

With the above information in mind, please answer the following questions to the best of your ability and knowledge. Additional pages may be used if writing space is needed.

Please mail the completed form to:
Elmhurst College, Office of Admission/ELSA, 190 Prospect Avenue, Elmhurst, IL 60126

Please print legibly

 Last First Middle

Address

 City State ZIP Code

 Organization Phone Number

Parent/guardian please complete both charts regarding your applicant's skills.



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Parent/Guardian:

Please mark the appropriate box in the following areas.

Only rate the applicant in areas with which you are comfortable and wexperienced.

General	Completely Independent	Moderate Assistance	Complete Assistance	N/A	Comments	
Initiative						
Reliability						
Motivation						
Perseverance						
General Attitude						
Interpersonal-Ability to Relate to Others						
Peers with disabilities						
Peers w/o disabilities						
Teachers						
Work Supervisors						
Adults non-professional						
Judgment/Decision-making Ability						
Use of judgment skills in making everyday decisions						
Asking for help or clarification						
Emotional Adaptability - Ability to						
Cope with stress						
Adjust to new situations/environment						
Avoid taking problems of others personally						
Ask for help as stress increases						
Time Management & Organization - Ability to						
Keep track of belongings						
Follow and attend to a daily schedule						
Plan and implement activities						
Set/understand priorities						

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Parent/Guardian:

Please mark the appropriate box according to independence skills. Only rate the applicant in areas with which you are comfortable and experienced.

Independent Living	Completely Independent	Moderate Support	Full Support	N/A	Comments
Navigating/Finding way around environments					
Ability to order and purchase from: Restaurant/cafeteria/bookstore/store					
Ability to handle personal affairs: Laundry, light cooking, cleaning, managing personal belongings					
Uses public transportation					
Social Skills and Communication					
Communicate needs in appropriate manner					
Engage in appropriate social interactions					
Ability to use phones (pay, cell), email or fax					
Academic Skills					
Ability to handle money: counting change/bills, understanding values					
Use of a checkbook					
Use of, understanding of, and developing budgets					
Math Skills					
Addition Grade level					
Subtraction Grade level					
Multiplication Grade level					
Reading and Writing Skills					
Reading Grade level					
Writing Grade level					
Listening Grade level					
Computer Skills					
Word processing					
Internet					
Motivation to learn & persist with new tasks					
Understand & can verbalize and/or write personal information: name, address, phone, SSN, etc.					
Ability to follow directions					
Ability to follow written directions					
Ability to keep a daily schedule with due dates and assignments					
Ability to use the library					

What types of academic, work and social/recreational/leisure experiences does the applicant express an interest in?

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To be completed by the recommender other than parent/guardian (Please feel free to use another sheet of paper if necessary).

How long have you known the student? In what capacity?

Are there any limitations that would prevent this student from being involved in physical activities to his/her vocational training goals? yes no

Comment

For Employer/Vocational Trainers ONLY.

Please describe the nature of the work environment in which you observed the student (e.g. restaurant, retail establishment, hospital, etc.).

Please describe specific tasks performed by the student, whether this was a paid job or a volunteer position, and hours worked.

Please describe what the student's strengths and weaknesses were on the job.

For Educators ONLY.

Please describe the student's academic strengths and weaknesses.

Signature/Title

Date

The ELSA Program evaluates all applicants and administrators all its policies regarding admission, education, and school activities without regard to race, color, creed, national or ethnic origin, marital status, age, gender, sexual orientation, disability or veteran status.

