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(Applicant's Name)

The above named individual has applied for admission to the College to Career Experience (CCE) Transition Program at Southern State Community College. The CCE Program is a two year program that provides young adults with intellectual and developmental disabilities an inclusive college experience designed to enhance their academic, vocational, social, and independent living skills.

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. We greatly appreciate your timely completion and return of this packet via in person, email, or mail to:

[CCEProgram@sscc.edu](mailto:CCEProgram@sscc.edu) or Southern State Community College  
CCE Program – Attn: Sonja Wilkin  
100 Hobart Dr.  
Hillsboro, OH 45133

If you have any further questions please contact the CCE Coordinator at:

[CCEProgram@sscc.edu](mailto:CCEProgram@sscc.edu) or 800-628-7722 Ext. 2785

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

Complete Recommender Contact page

Complete Task/Skills Form

Include Recommendation Letter

Thank you so much for your time.

*Sonja Wilkin*

Comprehensive Transition Program Coordinator

**Southern State Community College**

100 Hobart Drive, Hillsboro, OH 45133

800.628.7722, Ext. 2785

937.393.3431, Ext. 2785

[Website](#) [Twitter](#) [Facebook](#) [YouTube](#)



(Applicant's Name)

**Recommender Contact Information**

Name:	
Title/Organization:	
Address:	
City, State, Zip:	
Email Address:	
Phone No:	

**Recommender Letter**

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

1. How long have you known the applicant and in what capacity?
2. Describe the strengths, skills or traits the applicant has that will assist him/her to benefit from the CCE Program objectives.
3. Describe any specific behaviors the applicant has that would inhibit their ability to fully participate in the CCE Program.
4. Describe areas of need that you feel participation the CCE Program can support the applicant in achieving his/her goals.
5. For the educator, please give your best opinion of the applicant's ability in the following areas:

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



Applicant's Name \_\_\_\_\_ Person completing form \_\_\_\_\_

Please check the appropriate box for each skills level of assistance required.

<b>TASK/SKILL</b>	<b>NO assistance</b>	<b>Moderate assistance</b>	<b>Some assistance</b>	<b>Occasional assistance</b>	<b>Full assistance</b>
<b>Social/Communication Skills</b>					
Asks for help, clarification, or questions	[ ]	[ ]	[ ]	[ ]	[ ]
Respects others personal space, responds on topic & appropriate voice volume.	[ ]	[ ]	[ ]	[ ]	[ ]
Copes well with stress & has a routine to manage emotions	[ ]	[ ]	[ ]	[ ]	[ ]
Copes with conflict & handles constructive criticism well	[ ]	[ ]	[ ]	[ ]	[ ]
Engages socially with peers appropriately	[ ]	[ ]	[ ]	[ ]	[ ]
Uses social media safely & respectfully	[ ]	[ ]	[ ]	[ ]	[ ]
Comment:					
<b>Academic/Vocational</b>					
Is prompt to class or appointments	[ ]	[ ]	[ ]	[ ]	[ ]
Able to negotiate school environment and class locations independently	[ ]	[ ]	[ ]	[ ]	[ ]
Ability to follow verbal directions	[ ]	[ ]	[ ]	[ ]	[ ]
Ability to follow written directions	[ ]	[ ]	[ ]	[ ]	[ ]
Initiates and completes homework	[ ]	[ ]	[ ]	[ ]	[ ]
Able to use or learn to use email	[ ]	[ ]	[ ]	[ ]	[ ]
Persists when faced with a challenge	[ ]	[ ]	[ ]	[ ]	[ ]
Knows how to set obtainable goals	[ ]	[ ]	[ ]	[ ]	[ ]
Motivated to learn/knows how they learn best	[ ]	[ ]	[ ]	[ ]	[ ]
Comment:					
<b>Independent Skills</b>					
Knows, handles and takes any medication	[ ]	[ ]	[ ]	[ ]	[ ]
Takes care of personal hygiene	[ ]	[ ]	[ ]	[ ]	[ ]
Copes well with change	[ ]	[ ]	[ ]	[ ]	[ ]
Manages own sensory needs	[ ]	[ ]	[ ]	[ ]	[ ]
Able to use phone to communicate with others, call or text	[ ]	[ ]	[ ]	[ ]	[ ]
Manages and keeps track of personal items	[ ]	[ ]	[ ]	[ ]	[ ]
Ability to keep a daily schedule with due dates and assignments	[ ]	[ ]	[ ]	[ ]	[ ]
Knows/provide personal information: name, address, birthdate, phone #	[ ]	[ ]	[ ]	[ ]	[ ]
Is able to stay home alone	[ ]	[ ]	[ ]	[ ]	[ ]
Able to do laundry, light cooking, cleaning	[ ]	[ ]	[ ]	[ ]	[ ]
Handles money, counting change/bills	[ ]	[ ]	[ ]	[ ]	[ ]
Orders/shops at a restaurant or store	[ ]	[ ]	[ ]	[ ]	[ ]
Comment:					

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(Applicant's Name)

**Recommender Contact Information**

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City, State, Zip:	
Email Address:	
Phone No:	

**Recommender Letter**

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Applicant's Name \_\_\_\_\_ Person completing form \_\_\_\_\_

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Copes with conflict & handles constructive criticism well	[ ]	[ ]	[ ]	[ ]	[ ]
Engages socially with peers appropriately	[ ]	[ ]	[ ]	[ ]	[ ]
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Comment:					
<b>Academic/Vocational</b>					
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Initiates and completes homework	[ ]	[ ]	[ ]	[ ]	[ ]
Able to use or learn to use email	[ ]	[ ]	[ ]	[ ]	[ ]
Persists when faced with a challenge	[ ]	[ ]	[ ]	[ ]	[ ]
Knows how to set obtainable goals	[ ]	[ ]	[ ]	[ ]	[ ]
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Ability to keep a daily schedule with due dates and assignments	[ ]	[ ]	[ ]	[ ]	[ ]
Knows/provide personal information: name, address, birthdate, phone #	[ ]	[ ]	[ ]	[ ]	[ ]
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