



Kutztown University of Pennsylvania  
Disability Services Office  
215 Stratton Administration Building  
Phone: 610-683-4108  
Fax: 610-683-1520

## My Place Program: Recommendation Form

**Directions for the Student:** Please read and sign the following statement, then give this form to a teacher, counselor, or employer (who knows you well) who has agreed to provide a recommendation and have them complete and return this form to Kutztown University.

*By signing below, I agree to waive my right to review this completed recommendation form.*

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

**Directions for the Recommender:** This recommendation form is a requirement to apply to the My Place Program at Kutztown University. The My Place program provides enhanced support services to students on the autism spectrum who are enrolled in Kutztown University degree programs, following an application and interview process. These services augment the support that is provided through traditional academic accommodations and campus support services. The My Place program focuses on four major areas: executive function skills related to academics, career development, social skills, and independent college living. The signature above indicates that the student has waived their rights to see your responses. This information will be shared only with the My Place and Disability Services Office staff at Kutztown University. For more information on the My Place Autism Services Program, please see our webpage at [https://www.kutztown.edu/about-ku/administrative-offices/disability-services-\(dso\)/my-place-program-\(autism-services\).html](https://www.kutztown.edu/about-ku/administrative-offices/disability-services-(dso)/my-place-program-(autism-services).html)

Recommender Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

What is your relationship to the student?

How well do you know the student?	Extremely well	Very well	Moderately well
	Slightly well	Not well at all	

Based on your observations, would you recommend this student to attend a four-year liberal arts university like Kutztown University of Pennsylvania?                      No                      Yes

Why or why not?

**Observed Characteristics**

Please rate the student on the following characteristics and skills.

Characteristic/Skill	Very Strong	Strong	Good	Developing	Not yet Developed	No knowledge
Dependability						
Interpersonal Skills						
Flexibility/adaptability to change						
Ability to focus attention						
Ability to meet deadlines						
Ability to solve problems						
Desire to learning new things						
Desire to attend college						
Desire to be employed						
Independence						
Time management						
Organization						
Self-advocacy						

What strengths and skills have you observed that will support the student’s transition to the college environment (academic, social, daily living)?

Based on your observations of the student, please share your opinion regarding this student’s ability to successfully participate in group activities, volunteer work, and employment.

Based on your observations, what skills could be improved, or which areas will need to be addressed as the student transitions to the college environment (academic, social, daily living)?

Recommender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form directly to the Disability Services Office via fax: 610-683-1520, email: [dso@kutztown.edu](mailto:dso@kutztown.edu), or U.S. mail to: Disability Services Office, Kutztown University, P.O. Box 730, Kutztown, PA 19530.