



**Postsecondary Comprehensive  
Transition Program**

## Student Recommendation Forms

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...committed to empowering students to achieve desired educational outcomes in the domains of education, employment, and independent living.

In partnership with  
Southeastern University  
and  
Southeastern University's College of Education  
1000 Longfellow Blvd.  
Lakeland, Florida 33801

### Instructions for Recommendations

\_\_\_\_\_ (student name) has applied for admission to SEU Link at Southeastern University. SEU Link is a two-year, postsecondary, non-degree seeking, transition program with a specially designed curriculum for students with intellectual disabilities and/or other mild learning disabilities. We offer a core curriculum of academic standards based on the most current national/state/local standards in the domains of education, employment, and independent living. Students will receive a Link Postsecondary Program Certificate of Professional Readiness upon successful completion of the program.

## Admission criteria

- Have a primary diagnosis of an intellectual disability and/or other learning difficulties.
- Have the desire and motivation to participate in all SEU Link educational and social experiences on a college campus.
- Have parent/guardian support.

With the above information in mind, please answer the following questions to the best of your ability. Use additional pages if more writing space is needed. Please return the completed form to:

SEU Link Post-Secondary Transition Program  
Attention: Program Director  
Southeastern University  
College of Education  
1000 Longfellow Boulevard  
Lakeland, FL 33801  
[LINK@seu.edu](mailto:LINK@seu.edu)

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### **Required Recommendation**

Please submit three recommendations (four if the student has prior work experience), one from each of the following fields having known the applicant for at least 1 year.

- Educator – teacher, counselor, principal, etc.
- Vocational/Employer (if student has prior work experience)
- Community Volunteer Involvement
- Personal

**SEU Link Post-Secondary Transition Program**  
**Recommendation Form - Educator**

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Applicant's name

The above-named individual is applying for admission to the SEU Link Post-Secondary Transition Program at Southeastern University. SEU Link is a postsecondary, non-degree seeking, transition program with a specially designed curriculum for students with intellectual disabilities and/or other mild learning disabilities. We offer a core curriculum of academic standards based on the most current national/state/local standards in the domains of education, employment, and independent living. Students will receive a Link Postsecondary Program Certificate of Professional Readiness upon successful completion of the program.

Please thoughtfully consider the above information as you answer the following questions to the best of your ability and complete the appropriate Behavior Evaluation Form. Attach additional pages as needed.

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Last	First	MI	Title
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Street Address	Apt #
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City	State	Zip	County
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(    )    -    \_\_\_\_\_

Organization's Name

Phone #

1. How long have you known the applicant and in what capacity?

2. Please describe why you feel the applicant would benefit from enrollment in the SEU Link Post-Secondary Transition Program.

3. Please describe the applicant's strengths (attach additional pages if necessary).

4. Please describe the applicant's areas of need (attach additional pages if necessary).

5. Are there any limitations that would prevent this applicant from being involved in physical activities essential to his/her educational and/or vocational training goals?

(circle one)

YES

NO

Comments:

6. Are there any special accommodations the applicant needs e.g. academic, social, emotional, other?

(circle one)

YES

NO

Comments:

7. How does the applicant compensate for personal learning differences?

8. What are the applicant's strategies for approaching new tasks, people, and activities? Describe specific tasks you have observed the applicant perform successfully.

9. How likely is it that the parent/family/guardian of this applicant will support the mission, vision, and philosophy of the SEU Link Post-Secondary Transition Program?



Not Likely



Likely



Somewhat Likely



Very Likely

## Behavior Evaluation Form - Educator

<b>BEHAVIOR AT SCHOOL</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
Initiative			
Motivation			
Reliability			
Perseverance			
Independence			
Decision-making			
Actions in an emergency or crisis			
Coping with stress			
Adjustment to new situations, people, routines			
Organization			
Communication			
Relationship with other mildly handicapped peers			
Relationship with non-handicapped peers			
Relationship with parents			
Relationship with siblings			
Relationship with friends			
Relationship with teachers, administrators, or supervisors			
Relationships with other employees			

Additional Comments:

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Educator's Signature

Date

**SEU Link Post-Secondary Transition Program**  
**Recommendation Form – Vocational/Employer (if applicable)**

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Applicant's name

The above-named individual is applying for admission to the SEU Link Post-Secondary Transition Program at Southeastern University. SEU Link is a postsecondary, non-degree seeking, transition program with a specially designed curriculum for students with intellectual disabilities and/or other mild learning disabilities. We offer a core curriculum of academic standards based on the most current national/state/local standards in the domains of education, employment, and independent living. Students will receive a Link Postsecondary Program Certificate of Professional Readiness upon successful completion of the program.

Please thoughtfully consider the above information as you answer the following questions to the best of your ability and complete the appropriate Behavior Evaluation Form. Attach additional pages as needed. Please return this form to the applicant in a sealed envelope with your signature across the seal. The applicant has agreed as part of the application process to waive access to all submitted recommendation forms. The applicant will submit all letters of recommendation as part of their completed Student Application Packet. Thank you for your assistance in this matter.

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Last	First	MI	Title
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Street Address	Apt #
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City	State	Zip	County
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Organization's Name	( ) -
	Phone #

1. How long have you known the applicant and in what capacity?

2. Please describe why you feel the applicant would benefit from enrollment in the SEU Link transition program.

3. Please describe the applicant's strengths (attach additional pages if necessary).

4. Please describe the applicant's areas of need (attach additional pages if necessary).

5. Are there any limitations that would prevent this applicant from being involved in physical activities essential to his/her educational and/or vocational training goals?

(circle one)

YES

NO

Comments:



6. Are there any special accommodations the applicant needs e.g. academic, social, emotional, other?

(circle one)

YES

NO

Comments:

7. How does the applicant compensate for personal learning differences?

8. What are the applicant's strategies for approaching new tasks, people, and activities?  
Describe specific tasks you have observed the applicant perform successfully.

9. How likely is it that the parent/family/guardian of this applicant will support the mission, vision, and philosophy of the SEU Link Post-Secondary Transition Program?



Not Likely



Likely



Somewhat Likely



Very Likely

**Behavior Evaluation Form – Vocational/Employer (Transition Only)**

<b>BEHAVIOR AT WORK</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
Initiative			
Motivation			
Reliability			
Perseverance			
Independence			
Decision-making			
Actions in an emergency or crisis			
Coping with stress			
Adjustment to new situations, people, routines			
Organization			
Communication			
Relationship with other mildly handicapped peers			
Relationship with non-handicapped peers			
Relationship with parents			
Relationship with siblings			
Relationship with friends			
Relationship with teachers, administrators, or supervisors			
Relationships with other employees			

**Additional Comments:**

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Vocational/Employer's Signature

Date

**SEU Link Post-Secondary Transition Program**  
**Recommendation Form – Community/Volunteer**

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Applicant's name

The above-named individual is applying for admission to the SEU Link Post-Secondary Transition Program at Southeastern University. SEU Link is a postsecondary, non-degree seeking, transition program with a specially designed curriculum for students with intellectual disabilities and/or other mild learning disabilities. We offer a core curriculum of academic standards based on the most current national/state/local standards in the domains of education, employment, and independent living. Students will receive a Link Postsecondary Program Certificate of Professional Readiness upon successful completion of the program.

Please thoughtfully consider the above information as you answer the following questions to the best of your ability and complete the appropriate Behavior Evaluation Form. Attach additional pages as needed.

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Last	First	MI	Title
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Street Address	Apt #
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City	State	Zip	County
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Organization's Name

Phone #

1. How long have you known the applicant and in what capacity?

2. Please describe why you feel the applicant would benefit from enrollment in the SEU Link transition program.

3. Please describe the applicant's strengths (attach additional pages if necessary).

4. Please describe the applicant's areas of need (attach additional pages if necessary).

5. Are there any limitations that would prevent this applicant from being involved in physical activities essential to his/her educational and/or vocational training goals?

(circle one)

YES

NO

Comments:

6. Are there any special accommodations the applicant needs e.g. academic, social, emotional, other?

(circle one)

YES

NO

Comments:

7. How does the applicant compensate for personal learning differences?

8. What are the applicant's strategies for approaching new tasks, people, and activities? Describe specific tasks you have observed the applicant perform successfully.

9. How likely is it that the parent/family/guardian of this applicant will support the mission, vision, and philosophy of the SEU Link Post-Secondary Transition Program?



Not Likely



Likely



Somewhat Likely



Very Likely

## Behavior Evaluation Form – Community/Volunteer

<b>BEHAVIOR IN THE COMMUNITY</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
Initiative			
Motivation			
Reliability			
Perseverance			
Independence			
Decision-making			
Actions in an emergency or crisis			
Coping with stress			
Adjustment to new situations, people, routines			
Organization			
Communication			
Relationship with other mildly handicapped peers			
Relationship with non-handicapped peers			
Relationship with parents			
Relationship with siblings			
Relationship with friends			
Relationship with teachers, administrators, or supervisors			
Relationships with other employees			

Additional Comments –

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Community/Volunteer Representative's Signature      Date

**SEU Link Post-Secondary Transition Program**  
**Recommendation Form - Personal**

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Applicant's name

The above-named individual is applying for admission to SEU Link Post-Secondary Transition Program at Southeastern University. SEU Link is a postsecondary, non-degree seeking, transition program with a specially designed curriculum for students with intellectual disabilities and/or other mild learning disabilities. We offer a core curriculum of academic standards based on the most current national/state/local standards in the domains of education, employment, and independent living. Students will receive a Link Postsecondary Program Certificate of Professional Readiness upon successful completion of the program.

Please thoughtfully consider the above information as you answer the following questions to the best of your ability and complete the appropriate Behavior Evaluation Form. Attach additional pages as needed.

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Last	First	MI	Title
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Street Address	Apt #
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City	State	Zip	County
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Organization's Name

Phone #

1. How long have you known the applicant and in what capacity?

2. Please describe why you feel the applicant would benefit from enrollment in the SEU Link transition program.

3. Please describe the applicant's strengths (attach additional pages if necessary).

4. Please describe the applicant's areas of need (attach additional pages if necessary).

5. Are there any limitations that would prevent this applicant from being involved in physical activities essential to his/her educational and/or vocational training goals?

(circle one)

YES

NO

Comments:



6. Are there any special accommodations the applicant needs e.g. academic, social, emotional, other?

(circle one)

YES

NO

Comments:

7. How does the applicant compensate for personal learning differences?

8. What are the applicant's strategies for approaching new tasks, people, and activities? Describe specific tasks you have observed the applicant perform successfully.

9. How likely is it that the parent/family/guardian of this applicant will support the mission, vision, and philosophy of the SEU Link Post-Secondary Transition Program?



Not Likely



Likely



Somewhat Likely



Very Likely

## Behavior Evaluation Form - Personal

<b>BEHAVIOR IN A PERSONAL SETTING</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>
Initiative			
Motivation			
Reliability			
Perseverance			
Independence			
Decision-making			
Actions in an emergency or crisis			
Coping with stress			
Adjustment to new situations, people, routines			
Organization			
Communication			
Relationship with other mildly handicapped peers			
Relationship with non-handicapped peers			
Relationship with parents			
Relationship with siblings			
Relationship with friends			
Relationship with teachers, administrators, or supervisors			
Relationships with other employees			

Additional Comments –

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Personal Representative's Signature

Date

**SEU Link Post-Secondary Transition Program**  
**Academic Transcript Request**

To the applicant:

Use this form to request an official copy of your school transcripts be sent to the SEU Link Post-Secondary Transition Program at Southeastern University.

To the registrar/counseling office:

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School Name

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Street Address

City

State

Zip

Please send one (1) copy of my school transcript or records to:

SEU Link Post-Secondary Transition Program  
ATTENTION: Program Director  
Southeastern University  
College of Education  
1000 Longfellow Boulevard  
Lakeland, FL 33801  
[LINK@seu.edu](mailto:LINK@seu.edu)

Contact your school to determine transcript fee prior to mailing this form.

Amount enclosed: \$\_\_\_\_\_

**Student Information**

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Last Name

First Name

MI

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Street Address

City

State

Zip

Dates I Attended: \_\_\_\_\_ Social Security Number ----- \_\_\_\_\_

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Signature

Date