



# ADMISSIONS LETTER OF RECOMMENDATION

A letter of recommendation must be completed by a professional (educator or counselor) who has worked with the applicant and can speak to their current skill sets and present levels of performance. The recommendation may be completed on this form or be an open letter to CLE Admissions staff. At least one letter of recommendation must be submitted as part of the application package.

Dear Colleague,

The student, \_\_\_\_\_ has applied for admission to College Living Experience, a post-secondary support program for individuals with unique needs. Please provide the following information regarding this student, along with any other information you feel would be relevant to this student's application. Feel free to attach an additional page if you need more space to respond. More information about is available by visiting [www.ExperienceCLE.com](http://www.ExperienceCLE.com).

Your recommendation can be emailed to [CLEContracts@ExperienceCLE.com](mailto:CLEContracts@ExperienceCLE.com); Faxed to (866) 653-8118; or mailed to: College Living Experience, 401 N. Washington, Suite 420, Rockville, MD 20850.

Thank you for your time.

Your name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ School / Organization: \_\_\_\_\_  
Email: \_\_\_\_\_

How long have you known the applicant?

☐ Less than 1 year ☐ 1-2 years ☐ 2-3 years ☐ More than 3 years (please specify) \_\_\_\_\_

How often do you interact with the applicant?

☐ Daily ☐ Weekly ☐ Monthly ☐ Other (please specify) \_\_\_\_\_

In what capacity do you interact with the applicant?

Please describe the student's current learning environment, including the staff-to-student ratio.

Please describe how the student responds to new environments and changes to regular routines.

How does the student work and interact with peers?



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How does this student respond to direction from instructors / adults?

Other relevant information:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

☐ Additional pages are attached.