The Union EDGE
APPLICATION

1050 Union University Drive
Jackson, TN 38305-3697

Employment training  |  Daily living skills  |  Godly focus  |  Educational enrichment
Once complete application packets have been reviewed, selected applicants will be contacted for an interview. Further selected candidates will be called back to participate in a trial college day with other chosen candidates. You must mail signed copies of the original. Please do not fax an application or send an application electronically.

- Application for Admission and check for $50 application fee made out to "Union EDGE".
  (Note: This is a non-refundable fee.)
- Applicant Questionnaire
- Two Letters of Recommendation from non-relatives who have known you at least 6 months. One recommendation should be from a teacher. One recommendation should be from an employer or service provider. These must be mailed directly to the Union EDGE office.
- Personal Statement: Include information about yourself (e.g., family, friends, favorite pastimes, school), dreams for your future, and other details about yourself that will help you stand out as an applicant. This can be written, videotaped, or recorded. There is no required length, but more is not necessarily better. Examples: Power Point slide show with captions, personal essay, brief video documentary on important elements of your live. Please do not limit yourself to these examples. Be creative. Originals will not be returned.
- Academic Levels and Support Inventory Form
- *The IEP from your last year in high school, the most recent Individual Plan of Support from Division of Rehabilitation Services, and then Individual Support Plan from the Department of Intellectual and Developmental Disabilities, if applicable.
- Summary of Performance documents from high school, if applicable
- Transcripts from all high school and postsecondary education institutions
- Copy of most recent psychological-educational evaluation. Contact the Union EDGE office if you have questions concerning this document.
  - This evaluation needs to include both an achievement and an adaptive assessment that are less than 3 years old. AND
  - An IQ test that is less than 3 years old, or two IQ assessments that have commensurate scores regardless of when they were given.
- *Functional Behavior Assessment and Related Service Assessment, if applicable
- Documentation of status with Vocational Rehabilitation, i.e. open case, in process of applying, denied

APPLICATION PROCEDURE

In order to be sure that the Union EDGE Program is the best match for our applicants, we require the application packet be completed by each student. Upon entering, it will be expected that students will be able to demonstrate basic literacy skills in reading and writing. This is a comprehensive program of study for unique learners who are highly motivated young adults whose “disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills.” (AAIDD**) Applicants will have typically received extensive special education services in their secondary schools and would have considerable difficulty succeeding in a traditional college degree program. Applicants must have a strong desire to become an independent adult and possess sufficient emotional stability and maturity to participate successfully in the program.

This is a certificate program (not an accredited college degree program) and exiting students will receive a certificate of completion along with their personal portfolio.
**SELECTION PROCESS**

An application Screening Committee will review applications and select students for admission. Please do not call about the status of your application, as we will not be able to provide this information for you over the phone. You will receive an email, phone call or letter letting you know of your acceptance.

A limited number of applicants will be admitted each year. The decision to offer or deny admission to the program will be made by the Screening Committee in their best judgment and in the best interest of the applicant. Admission will be based on the following criteria:

- Applicants must be between the ages of 18-26 at the start of the program
- The applicant must have a significant cognitive and/or developmental disability that interferes with their academic performance (AAIDD**)
- The applicant must have sufficient emotional and independent stability to participate in all aspects of the Union EDGE coursework and campus environment
- The applicant must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others. Note: Union EDGE does not have the personnel to supervise students with difficult and challenging behaviors or dispense medications.
- The applicant must demonstrate the desire to attend the Union EDGE Program and adhere to the policies regarding attendance and participation in their program of study and typical Union University classes.
- The applicant must have the potential to successfully achieve his/her goals within the context of the Union EDGE program’s content and setting.
- Due to our collaboration with the TN Dept. of Rehabilitation Services, all Union EDGE students must have an open case with VR, if they are eligible. Accepted students and their families will agree to this condition in order to retain their eligibility for the Union EDGE.
- Applicants selected must be able to attend the Union EDGE Summer Beginnings Program (these dates will be announced in the very near future). **Acceptance into Union EDGE Program is conditional upon the successful completion of the Union EDGE Summer Beginnings Program.**

**American Association of Intellectual and Developmental Disabilities**

Note: Due to space limitations not all applicants who complete the application and meet the “criteria for admission” can be accommodated in the Union EDGE Program; however you are welcome to reapply.

**QUESTIONS?**

Email Rebecca Holloway, Program Director at rholloway@uu.edu

**PLEASE SEND ALL ADMISSIONS MATERIALS TO:**

Union EDGE Program  
Union University, School of Education  
1050 Union University Drive  
Jackson, TN 38305  
Attention: Rebecca Holloway

**EQUAL OPPORTUNITY** In compliance with federal law, including the provisions of Title IX of the Ed Amendments of 1972, Sections 503 and 504 of the Rehab Act of 1973, and the ADA of 1990, Union University does not discriminate on the basis of race, gender, sexual orientation, religion, color, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other university-administered programs; or employment.

**SERVICES FOR STUDENTS WITH DISABILITIES** Call the Disability Program Director at (731) 661-6520 regarding accommodations and services.

**SECURITY STATEMENT** In compliance with state and federal law, Union University will provide you, upon request, an annual Security Report on University-wide security and safety, including related policies, procedures and crime statistics.
Union University admits students of any race, color, sex, handicap, and national or ethnic origin. As prescribed by the Department of Education and the National Center for Education Statistics, we are required to report demographic information including racial background. This information is not used in the admission process. Using the terminology of the NCES, please answer the following:

1. Are you Hispanic/Latino? ☐ Yes  ☐ No  
2. Respond Yes to one or more of the following groups:  
   a. American Indian/Alaskan Native  ☐ Yes  ☐ No  
   b. Asian  ☐ Yes  ☐ No  
   c. Black or African American  ☐ Yes  ☐ No  
   d. Hawaiian/Pacific Islander  ☐ Yes  ☐ No  
   e. White  ☐ Yes  ☐ No

☐ Male  ☐ Female  Date of Birth: ________________________________

U.S. Citizen:  ☐ Yes  ☐ No  If no,  ☐ Permanent Resident  ☐ Resident Alien  ☐ Non-resident Alien

Place of Birth (city/state)__________________________  Country of Citizenship__________________________

Languages Spoken__________________________

FAMILY INFORMATION

Parent 1 Name ____________________________________________  Step Parent ____________________________
   First  Last

Address ____________________________________________  Street  City  State  Zip

Telephone ____________________________________________  Home  Alternate

Email Address ________________________________  Emergency Contact Phone__________________________

Occupation__________________________  Organization__________________________

Business Phone ________________________________  Business Email ________________________________
Parent 2 Name ___________________________________________ Step Parent ____________________________

Address ____________________________________________

Telephone ____________________________

Email Address ____________________________ Emergency Contact Phone ____________________________

Occupation ____________________________ Organization ____________________________

Business Phone ____________________________ Business Email ____________________________

Please list names and ages of siblings. Note any information you would like to share in comments.

Name__________________________ Age__________ Comment__________________________

Name__________________________ Age__________ Comment__________________________

Name__________________________ Age__________ Comment__________________________

Do you have a legal conservator or guardian?  ☐ Yes  ☐ No

If yes, please indicate who and under which domain. ____________________________

EDUCATION INFORMATION

Please list all schools the applicant has attended from 9th through 12th grade. Also include colleges or other relevant educational programs.

School Name_________________________________________ Years Attended ____________________________

Mailing Address __________________________________________________

Phone Number__________________________ Grade Level Achieved or Diploma or Degree ____________________________

School Name_________________________________________ Years Attended ____________________________

Mailing Address __________________________________________________

Phone Number__________________________ Grade Level Achieved or Diploma or Degree ____________________________

School Name_________________________________________ Years Attended ____________________________

Mailing Address __________________________________________________

Phone Number__________________________ Grade Level Achieved or Diploma or Degree ____________________________

Will this be the first program that applicant will have attended since high school?  ☐ Yes  ☐ No

If no, what other program(s) have been attended? ____________________________
What courses in high school have you enjoyed? (Check all that apply)
☐ English  ☐ Math  ☐ History  ☐ Science  ☐ Foreign Language  ☐ Physical Education  ☐ Computer
☐ Other__________________________

What courses in high school have been the most difficult for you? (Check all that apply)
☐ English  ☐ Math  ☐ History  ☐ Science  ☐ Foreign Language  ☐ Physical Education  ☐ Computer
☐ Other__________________________

What academic challenges do you have in the classroom?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

What would you like your instructor to know about how you learn?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

What accommodations have you had in the classroom in the past?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Have you ever used assistive technology?  ☐ Yes  ☐ No  If yes, please explain.__________________________
________________________________________________________________________________________

WORK EXPERIENCE
Organization ___________________________  Job Title ___________________________
Dates (from-to) _______________  Reason for Leaving_____________________________  ☐ Paid  ☐ Volunteer

Organization ___________________________  Job Title ___________________________
Dates (from-to) _______________  Reason for Leaving_____________________________  ☐ Paid  ☐ Volunteer

Organization ___________________________  Job Title ___________________________
Dates (from-to) _______________  Reason for Leaving_____________________________  ☐ Paid  ☐ Volunteer

Organization ___________________________  Job Title ___________________________
Dates (from-to) _______________  Reason for Leaving_____________________________  ☐ Paid  ☐ Volunteer
Are you a client of Department of Intellectual and Developmental Disabilities?  
☐ Yes  ☐ No  ☐ In Process

Service Coordinator's Name ____________________________________________

Address ____________________________________________________________

Phone Number __________________________ Fax Number ____________________

Email Address ______________________________________________________

All Union EDGE students must be VR clients by the time their first semester begins, if eligible.

Are you a client of Division Rehabilitation Services?  
☐ Yes  ☐ No  ☐ In Process

Service Coordinator’s Name ____________________________________________

Address ____________________________________________________________

Phone Number __________________________ Fax Number ____________________

Email Address ______________________________________________________

MEDICAL INFORMATION AND HISTORY

Date of last medical exam __________________________

1. Provide a brief description of your medical history, including disability diagnosis that you have and/or possibly have.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. List any significant medical, psychiatric, behavioral, and/or physical conditions that may affect your participation in classroom, social, or recreational activities on campus.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. List any current medications you are taking (including dosage, frequency, and reason for taking the medication.  
   *Note: If the applicant must take medications while on campus, he/she must be independent in self-administering his/her medications.*

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Do you currently receive private/public/agency therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech or behavioral therapy? If yes, explain below:

________________________________________________________________________

________________________________________________________________________
In case of medical emergency contact:

Primary Physician

Address

Medical Insurance

Hospital Preference

Please provide any other medical information that you feel would be important regarding participation in this program.

REFERENCES

Please list the names and addresses of the references who will be responding for you. At least one reference writer should be an educator (teacher, principal, guidance counselor, etc.); another, if possible, an employer/work supervisor. Note that a reference cannot be from a family member.

First Reference

Name

Address

Phone Number Email Address

Relationship

Second Reference

Name

Address

Phone Number Email Address

Relationship

Applicant Signature Date

Parent/Guardian Signature Date

In compliance with all applicable state and federal law, including provisions of Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, Union University does not legally discriminate on the basis of race, sex, national origin, age, disability, or military service in admissions; in the administration of its education policies, programs, or activities; or in employment. Under federal law, the university may discriminate on the basis of religion in order to fulfill its purposes. Persons who believe their rights under this policy have been violated should contact Office of the President, Union University.
Please answer all questions completely and honestly. The answers must be directly from the applicant, but they can be dictated.

Name

1. Why do you want to participate in Union EDGE Program?

2. What are your strengths?

3. What area(s) about yourself would you like to improve?

4. What would you like to learn while participating in the Union EDGE program?

5. Do you currently have a paid or volunteer job?  □ Yes  □ No

6. If yes, what do you do? Do you enjoy your work?

7. What do you do for fun outside of school and work? Hobbies?
8. What do you like to do with your friends?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

9. What types of transportation do you use regularly?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

10. Do you have internet access at home?  ☐ Yes  ☐ No

11. If yes, do you use the internet at home? In what ways do you typically use the internet?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

12. What is the longest you have ever been away from home before?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

13. If you have been away from home, did you enjoy the experience? Please explain.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

14. Please complete these sentences:

My dream job would be_____________________________________________________
__________________________________________________________________________
__________________________________________________________________________

In ten years I want to live___________________________________________________
__________________________________________________________________________
__________________________________________________________________________

__________________________________________________________________________

Applicant Signature ___________________________ Date ___________________________
The Union EDGE – Academic Levels and Support Inventory

Name of Applicant ____________________________________________

Name of Person Completing this Form ____________________________________________

Relationship to Applicant ____________________________________________

READING AND WRITING SKILLS
(check highest level)

Reading:

☐ identifies letters
☐ no functional reading
☐ recognizes familiar words/names
applies reading strategies (phonetic clues, sentence structure, meaning)
☐ reads chapter books
☐ reads books for pleasure

Listening comprehension:

☐ retells a simple story
☐ can retell beginning, middle and end of stories
☐ able to retell settings, characters, problems, major events and solutions of stories

Writing:

☐ writes/copies all letter
☐ writes name
☐ no functional writing
☐ writes short sentences
☐ writes short messages
☐ correctly uses punctuation
☐ writes drafts, revises, edits

INDEPENDENT LIVING SKILLS

<table>
<thead>
<tr>
<th>Needs complete assistance</th>
<th>Needs much assistance</th>
<th>Needs little assistance</th>
<th>Completely independent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finds way around new place</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Follows a schedule</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Manages personal belongings</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Prepares simple meals</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Orders and purchases from a restaurant</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Finds items in a store</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Takes public transportation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Can stay home alone</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Regularly follows personal hygiene regimen</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### SOCIAL SKILLS AND COMMUNICATION

<table>
<thead>
<tr>
<th>Activity</th>
<th>Needs complete assistance</th>
<th>Needs much assistance</th>
<th>Needs little assistance</th>
<th>Completely independent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates needs appropriately</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Asks for help</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Deals with conflict appropriately</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Distinguishes between friends and strangers</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Respects authority figures</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Uses a cell phone</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Calling/receiving calls</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Sending/receiving text messages</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Can share personal address, phone, date of birth, etc. (verbal and/or written)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Has friends of own age</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Participates in social events</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Ability to relate to others</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Copes with stress</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Adjusts to new situations</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Engages in appropriate social interactions</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### ACADEMIC SKILLS

<table>
<thead>
<tr>
<th>Activity</th>
<th>Needs complete assistance</th>
<th>Needs much assistance</th>
<th>Needs little assistance</th>
<th>Completely independent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies value of coins/bills</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Counts change/bills</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Uses a calculator</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Uses ATM to get spending money</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Uses clock/watch to manage daily schedule</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Stays within a weekly/daily budget</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Uses a computer for word processing</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Navigates internet</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Uses email</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Can write a clearly written note for a family member</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### ADDITIONAL REMARKS

Please list/discuss any physical, intellectual, social, or emotional conditions that may need to be considered when planning a postsecondary experience.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
This section to be completed by applicant.

Name ____________________________

First \hspace{2cm} Middle \hspace{2cm} Last

Birth Date __________________________ Phone __________________________

Address __________________________

\hspace{2cm} Street \hspace{2cm} City \hspace{2cm} State \hspace{2cm} Zip

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you will have access to this form and all other recommendations and supporting documents submitted by you and on your behalf after matriculating, unless one of the following is true:

1. The institution does not save recommendations post-matriculation

2. You waive your right to access below, regardless of the institution to which it is sent

☐ Yes, I do waive my rights to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.

☐ No, I do not waive my rights to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Applicant Signature __________________________ Date __________________________

This section to be completed by teacher/employer.

The person whose name appears on this document is applying for admission to the Union EDGE Program. Union EDGE is a two-year certificate program for young adults with intellectual disabilities and developmental disabilities. The program combines inclusive academic classes, residential life, life skills classes, and internships with social and recreational opportunities on the Union University campus. The goal of the program is to broaden the career options and opportunities for individuals. In order for these students to best meet the expectations of adults in today’s society, they need to have integrated educational experiences. The goals are for the students to have the “outcomes we all value – a career, close relationships and enjoyment…” (Hughes & Carter, Transition Handbook, Brookes Pub., 2000).

Please truthfully complete this form to the best of your ability and feel free to attach a separate document if more space is needed. Return all documents in the envelope provided to you by this student. Please submit your reference promptly. If you have any questions regarding this reference or our program please call 731-661-5382. We hope that you visit our website at uu.edu/EDGEprogram.

Name __________________________

School/Organization __________________________ Subject Taught __________________________

\hspace{2cm} (if applicable)

Address __________________________

Phone __________________________ Email __________________________

BACKGROUND INFORMATION

How long have you known this student and in what context? __________________________

What are the first words that come to your mind to describe this student? __________________________

Continued on next page
List the course you have taught this student, noting for each of the student's year in school and the level of course difficulty.

(if applicable) _____________________________________________

CHARACTERISTICS

Please rate the applicant in comparison to same-age peers without disabilities on the following characteristics on a scale of one to five (1 = low or problem, 3 = middle or somewhat present, 5 = very high). Write a rating next to each of the categories to which you feel qualified to respond. Give specific examples in the comments section whenever possible.

General
   _____ Initiative
   _____ Motivation
   _____ Reliability
   _____ Perseverance
   _____ General Attitude
Comments:

Interpersonal
   Ability to relate to:
   _____ peers
   _____ teachers
   _____ work supervisors
   _____ young children
   _____ elderly people
Comments: (style of interaction and specific social strengths and weaknesses)

Judgement/Decision Making
   Ability to:
   _____ make everyday decisions using good judgment
   _____ act in an emergency using good judgment
   _____ use people as a resource (asking for help when necessary, asking questions/clarification)
Comments:

Emotional Adaptability
   Ability to:
   _____ cope with stress
   _____ adjust well to new situations
   _____ separate own problems from problems of others (avoid taking everything personally)
Comments: (What types of situations does the applicant find stressful? What coping mechanisms are used?)

Time Management/Organization
   Ability to:
   _____ attend to daily schedule (arrives at places on time, etc.)
   _____ plan and carry out activities
   _____ prioritize
   _____ keep track of belongings
Comments: (Specific difficulties and the kind of supervision required to cope)

Why do you feel that this person is/is not appropriate for the Union EDGE?
________________________________________________________________________
________________________________________________________________________

May we contact you for further information?  ☐ Yes  ☐ No
We greatly appreciate your time and effort for completing this form.

Reference Signature __________________________ Date __________

The Union EDGE Program | Union University, School of Education | 1050 Union University Dr. | Jackson, TN 38305

The Union EDGE – Reference
This section to be completed by applicant.

Name: ____________________________

First          Middle          Last

Birth Date: ____________________________ Phone: ____________________________

Address: ____________________________ Street City State Zip

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you will have access to this form and all other recommendations and supporting documents submitted by you and on your behalf after matriculating, unless one of the following is true:

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Applicant Signature: ____________________________ Date: ____________________________

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Name: ____________________________

School/Organization: ____________________________ Subject Taught: ____________________________ (if applicable)

Address: ____________________________

Phone: ____________________________ Email: ____________________________

BACKGROUND INFORMATION

How long have you known this student and in what context? ____________________________

What are the first words that come to your mind to describe this student? ____________________________

Continued on next page
List the course you have taught this student, noting for each of the student’s year in school and the level of course difficulty.

(If applicable) ____________________________________________________________

**CHARACTERISTICS**

Please rate the applicant in comparison to same-age peers without disabilities on the following characteristics on a scale of one to five (1=low or problem, 3=middle or somewhat present, 5=very high).

Write a rating next to each of the categories to which you feel qualified to respond.

Give specific examples in the comments section whenever possible.

<table>
<thead>
<tr>
<th>General</th>
<th>Interpersonal Ability to relate to:</th>
<th>Judgement/Decision Making Ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiative</td>
<td>peers</td>
<td>make everyday decisions using good judgment</td>
</tr>
<tr>
<td>Motivation</td>
<td>teachers</td>
<td>act in an emergency using good judgment</td>
</tr>
<tr>
<td>Reliability</td>
<td>work supervisors</td>
<td>use people as a resource (asking for help when necessary, asking questions/clarification)</td>
</tr>
<tr>
<td>Perseverance</td>
<td>young children</td>
<td>Comments: (style of interaction and specific social strengths and weaknesses)</td>
</tr>
<tr>
<td>General Attitude</td>
<td>elderly people</td>
<td>Comments:</td>
</tr>
</tbody>
</table>

**Emotional Adaptability**

Ability to:

- cope with stress
- adjust well to new situations
- separate own problems from problems of others (avoid taking everything personally)

Comments: *(What types of situations does the applicant find stressful? What coping mechanisms are used?)*

**Time Management/Organization**

Ability to:

- attend to daily schedule (arrives at places on time, etc.)
- plan and carry out activities
- prioritize
- keep track of belongings

Comments: *(Specific difficulties and the kind of supervision required to cope)*

Why do you feel that this person is/is not appropriate for the Union EDGE? ____________________________________________________________

May we contact you for further information?  ☐ Yes  ☐ No

We greatly appreciate your time and effort for completing this form.

Reference Signature ____________________________ Date ____________________________