



Reference

Applicant Name, Address and Phone Number

Applicant's Statement

I understand this letter of evaluation is to be received and maintained in confidence by the University of California, Los Angeles, for admission consideration. I hereby expressly waive any and all rights I might have of access to this evaluation under the Family Education Rights and Privacy Act of 1974, the California Information Practices Act of 1977, and/or all other laws, regulations, or policies. I understand that the rights I am waiving include, but are not limited to, the right to inspect and review this letter; the right to have a copy of this letter made for my use; and the right to request an amendment of this letter.

I agree to waive access to this statement

I do not agree to waive access to this statement

Applicant Signature

Date

Note to applicant: Please fill out the information above. Three recommendations are required from non-relatives who have known you at least six months. At least one reference should be from an educator. Pathway recommendation forms are included in this packet and no other forms will be accepted. Please have the person providing the reference return the form in a sealed envelope sent directly to the Pathway office.

Note to Reference: The person whose name appears on the first page of this reference document is applying for admission to Pathway at UCLA Extension. Pathway is a two-year education and enrichment program for young adults with intellectual and other developmental disabilities. The program combines academic classes with social and recreational opportunities on the UCLA campus. Our goal is to help our students become self-advocates and make choices about their own futures. We provide the life and job skills training necessary for Pathway students to lead independent, happy, and fulfilling lives. Please truthfully complete this form to the best of your ability and return it in a sealed envelope to the Pathway office. Should you have any questions regarding this reference or our program, please call (310) 794-1235 or visit our website uclaextension.edu/pathway.

To be filled out by the Reference

1. Your name, address and occupation.

2. How long have you known the applicant?

3. In what context did you first become acquainted with the applicant?

4. What would you consider the applicant's most exemplary traits?


5. What are some areas that could use improvement?



6. What factors might make the candidate unsuitable for Pathway?



7. Why do you feel that this person is or is not appropriate for Pathway at UCLA Extension?



Please rate the applicant in his/her ability to do the following:

Social Skills & Communication

	COMPLETELY INDEPENDENT	MINIMAL ASSISTANCE	SOME ASSISTANCE	MODERATE ASSISTANCE	COMPLETE ASSISTANCE
Communicate needs appropriately					
Engage in appropriate social interactions					
Use cell phone, email, etc.					

Professional Etiquette

Follow a daily schedule (be punctual, etc.)					
Plan and carry out activities					
Prioritize					
Keep track of belongings					
Display flexibility					

General

Cope with stress					
Adjust to new situations					
Demonstrate motivation					
Exhibit self-reliance					
Convey a positive attitude					
Display maturity					

May we contact you for further information? Yes No

Phone Number

Email Address

Reference Signature

Date

We are aware that we are asking for considerable time and effort on your part in completing this form. Therefore, we want to assure you that your generous assistance in giving this appraisal is very helpful to us and is greatly appreciated.