

WINTHROP THINK COLLEGE EDUCATOR RECOMMENDATION FORM

RECOMMENDATION 1 EDUCATOR RECOMMENDATION FORM FOR:

(Applicant Name)

The above named individual has applied for admission to the Winthrop Think College at Winthrop University. (Visit <https://www.winthrop.edu/thinkcollege/> to learn more about the program). Winthrop Think College serves to provide young adults with intellectual disability an inclusive college experience that will further their academic, employment, social and independent living skills. Please answer the following questions to the best of your ability. Applications will not be reviewed without recommendations. Applicants have waived their right to access the recommendation form. Recommendations will be kept in the strictest confidence. Your timely completion and mailing of this form are greatly appreciated by the applicant. If you have any further questions, please contact Winthrop Think College at (803) 323-3080 or wtc@winthrop.edu. Thank you.

CONTACT INFORMATION

Your Name _____ Title/Organization _____

Address _____

City _____ State _____ ZIP _____

Phone _____ E-mail Address _____

1. How long have you known the applicant? _____

2. In what capacity?

3. Are you familiar with Winthrop Think College? (Circle One) YES NO

4. Do you feel the applicant would benefit from post-secondary education in the area of academics? Why or why not?

CONTACT INFORMATION (CONT.)

5. Do you feel the applicant would benefit from post-secondary education in the area of socialization? Why or why not?

6. Do you feel the applicant would benefit from post-secondary education in the area of independent living?

Why or why not?

7. Do you feel the applicant would benefit from post-secondary education in the area of career development?

Why or why not?

8. Does the applicant have any behaviors that would interfere with their ability to participate in Winthrop Think College?

(circle one) YES NO
