



Gottschall Access Program Reference Form, Academic Year 2017-2018

Reference for	Date
Community College, a three-year, non-o	d for admission to the Gottschall Access Program (GAP) at Bristol credit, certificate program for students with autism spectrum disorders aining and education. The program focuses on the practical skills ment.
developing self-determination skills, cr demands of an associate degree program the emotional stability and maturity nec	adividuals who are motivated to participate in courses which focus on itical thinking and soft skills, but would have difficulty meeting the m, even with extensive support services. Applicants must demonstrate sessary to participate in the program located at the community college upervision at an internship placement during their third year.
	ease answer the following questions. Your input will help us in advising ness of the Gottschall Access Program for him/her.
Please rate the applicant on the followin his/her age.	ng characteristics on a scale of one to five in relation to others who are
Key: 5 = meets and sometimes exceed 4 = competent – consistent 3 = emerging – inconsistent 2 = minimal – needs substantial 1 = low – poor	
General:	Interpersonal:
Initiative	Ability to relate to peers
Motivation	Ability to relate to teacher/work supervisors
Reliability General attitude toward work	Ability to relate to young children
	Self-sufficiency pility to relate to others and any specific strengths and weaknesses in

**Please complete other side of this page. **

Judgment/Decision-Making: Ability to make everyday decisions using good judgment Ability to react in an emergency using good judgment Ability to use people as resources (i.e., asking for help when necessary, asking questions/clarification when appropriate) Ability to follow health and safety rules and procedures in a vocational and community setting with minimal supervision Please comment on the applicant's ability to use good judgment:		
Time Management and Organization: Ability to attend to daily schedule (arrives on tiAbility to plan and carry out activities (keep tra transportation, follow work routines, etc.)Attendance	ime, keeps appointments, etc.) ack of school calendar, daily/weekly schedule, arrange	
Please comment on the amount and type of super project or assignment at his/her level:	vision the applicant requires to complete a work-based	
Please describe any known accommodations the sphysical activities essential to working in an organenvironment:	· · · · · · · · · · · · · · · · · · ·	
Please provide any additional comments you feel and/or weaknesses in participating in a communi	would be helpful regarding the applicant's strengths ity college and employment setting:	
Your Name:	Title	
Organization	Phone	
Relationship to Applicant		
	(student's name) has the appropriate DDS	