

# Project EDGE

## Student Recommendation

To be completed by: Personal/Professional Reference

Please email completed form to: [mtcprojectedge@manateeschools.net](mailto:mtcprojectedge@manateeschools.net)

1. How long have you known the applicant and in what capacity?

2. Please describe the strengths and challenges that the applicant may possess that will impact their candidacy for Project EDGE.

3. Why do you feel the applicant would benefit from a postsecondary education experience.



Academic Skills	Complete Assistance	Moderate Assistance	Some Assistance	Minimal Assistance	Independent	Not Observed
Asking for help or clarification						
Asking questions when needed						
Using a computer for word processing						
Navigating the internet						
Following verbal directions						
Following written directions						
Demonstrating the desire to learn and persist on new tasks						
Maintaining and following a daily schedule						
Keeping up with due dates, assignments, test/quizzes, etc.						
Studying given information						

Give an explanation of the applicant's reading ability (approximate grade level equivalent.)

Give an explanation of the applicant's writing/composition abilities (approximate grade level equivalent.)

Give an example of the applicant's math abilities (approximate grade level equivalent.)

Has the applicant utilized assistive technology (iPad, dictation, voice recognition, etc.)?

Please share with the selection committee and additional comments you have regarding the applicant and why they should be considered for the Project EDGE program.

Students Name:

Your Name and Title:

Todays Date:

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