



*CLE Serves*  
Spring Break 2010

## Staff Recommendation

Please complete this form, with staff and director signature, and return to Mary Adams @ [madams@ExperienceCLE.com](mailto:madams@ExperienceCLE.com) by **December 21, 2009**.

Student Name: \_\_\_\_\_ CLE Location: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

In your professional opinion, is this student a good candidate for CLE Serves Spring Break 2010? Please elaborate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about this student's abilities to travel safely with a group in another city/state?  
Please elaborate: \_\_\_\_\_  
\_\_\_\_\_

How does this student express anxiety? \_\_\_\_\_  
\_\_\_\_\_

What kinds of things are likely to cause this student anxiety or stress? \_\_\_\_\_  
\_\_\_\_\_

Has this student demonstrated any behaviors in the last 6 months that would negatively impact a group's ability to meet busy travel schedules? If yes, please elaborate \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this student demonstrated any behaviors in the last 6 months that would put them or the group at risk for legal intervention? \_\_\_\_\_

Is this student making progress toward his or her goals in all program areas? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

Does this student have a history of drug or alcohol use? If yes, please elaborate and indicate current estimated level of use. \_\_\_\_\_

Is this student an accurate reporter? \_\_\_\_\_

Please indicate if the student would need the following supports:

- |   |   |
|---|---|
| _____ Daily medication checks             | _____ Assistance not losing important items           |
| _____ Wake up calls                       | _____ Assistance with mobility/transportation         |
| _____ Reminders to shower/bathe           | _____ Staff assistance to manage stress or            |
| _____ Assistance managing money or budget | frustration in an appropriate fashion                 |
| _____ Time management                     | _____ Basic safety (if checked, please explain below) |
| _____ Spatial orientation/directions      | _____ Other (please specify below)                    |

What other kinds of supports would this student need to travel successfully in a group? \_\_\_\_\_

Does this student have physical issues of which we would need to be aware? \_\_\_\_\_

Does this student exhibit behaviors of which we should be aware? \_\_\_\_\_

Does this student have any sensory issues of which we should be aware? \_\_\_\_\_

Is this student likely to engage in risky behaviors with strangers or other CLE students? If yes, please explain: \_\_\_\_\_

Does this student have a tendency to get lost easily or wander off from the group? \_\_\_\_\_

Please rate this student's current level of physical fitness:

\_\_\_\_\_ Poor          \_\_\_\_\_ Fair          \_\_\_\_\_ Moderate          \_\_\_\_\_ Very fit

Please check below if this student is likely to have any difficulties with the following:

- |   |  |
|---|--|
| _____ Working outside for 4 hours at a time                         | _____ Lifting 50 lbs                         |
| _____ Contributing to group meal preparation                        | _____ Walking for ½ hour (not on incline)    |
| _____ Contributing to group cleaning                                | _____ Walking for ½ hour (on slight incline) |
| _____ Working outside for 4 hours at a time<br>in wet/snowy weather | _____ Acrophobia                             |

If you checked any of the above, please elaborate: \_\_\_\_\_

Please describe how this student interacts in social settings: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Director Signature