TulsaTech.edu

PROJECT SEARCH STUDENT APPLICATION

RECOMMENDATION FORM
2027–2028 ACADEMIC YEAR

Applications only accepted in hard copy format (not electronically) » Due Date: May 7, 2027

[RECOMMENDATIONS AND RELEASE]

Please list the following information for recommendations. Recommendations will need to be returned to student with signature across seal in order to be included in application packet.

Recommendation letters without signatures across seal will not be accepted. Individuals sending recommendations should know the student well and be able to speak to his/her readiness for the Tulsa Tech Project SEARCH® Program:

Recommendation 1 (Educator)

Name:_____ Position: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Recommendation 2

Name:_____ Position: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Recommendation Release

I agree to waive my right to access the student recommendation forms.

Applicant Name: _____ Date: _____

Applicant Signature: _____

Parent/Guardian Name:_____ Date: _____

Parent/Guardian Signature: _____

[RECOMMENDATION FORM]

(Applicant's name): _____

The above-named individual has applied to the Tulsa Tech Project SEARCH® Program. Project SEARCH® serves to provide young adults with intellectual/developmental disabilities an inclusive Technical Education 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. Recommendation forms must be submitted using the form shown and returned with the application packet in a sealed envelope with the evaluator's signature across the flap. If you have any further questions, please contact David Karleskint - ACD Adult Coordinator at david.karleskint@tulsatech.edu, Elena Morales - Special Services Coordinator at elena.morales@tulsatech.edu or call (918) 828-5000.

Contact Information

Your Name:_____Title/Organization:_____

Address: _____City: _____State: ____ Zip: _____

Phone: _____Email: _____

1. How long have you known the student?

_____

2. In what capacity?

_____

3. Are you familiar with Project SEARCH®?: ☐ Yes ☐ No

4. How do you feel the student would benefit from post-secondary education service in the area of academics? Please describe the student's current level of academic functioning.

_____

_____

_____

_____

_____

5. Do you feel the applicant would benefit from post-secondary education service in the area of socialization? Why or why not? Describe the current level of socialization that you have observed:

_____

_____

_____

_____

6. Do you feel the student would benefit from post-secondary education service in the area of career development? Why or why not?

_____

_____

_____

_____

7. Does the student have any behaviors that would interfere with his or her ability to participate in the Tulsa Tech Project SEARCH® Program? ☐ Yes ☐ No

Comments:

_____

_____

_____

_____

8. Discuss how the student manages stress:

_____

_____

_____

_____

9. Do you feel the parents are ready to let their student go? ☐ Yes ☐ No

Comments:

_____

_____

_____

_____

10. Please describe the applicant in detail. Include any additional information or commentary about the applicant that would assist the applications committee ensure the student is a good fit for the program. If you need more space, please attach an additional page. We are looking for a true picture of the student's overall level in academics, social skills, independent functioning and employment readiness:

_____

_____

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_____

Signature: _____ Date: _____

Please address the completed recommendation form to:

Tulsa Tech Project SEARCH®
Tulsa Technology Center
School District No.18
P.O. Box 477200
Tulsa, OK 74147.7200
Attn: ACD Application Committee

Please seal, sign across the flap and return to the student. Thank you.