



PROJECT SEARCH STUDENT APPLICATION

RECOMMENDATION FORM  
2026–2027 ACADEMIC YEAR

Applications only accepted in hard copy format (not electronically) » Due Date: May 1, 2026

# [ 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:

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

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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:

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8. Discuss how the student manages stress:

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

Comments:

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