



LORAS COLLEGE

Lynch Office of Disability Services

(563) 588-7134 / Fax: (563) 588-7071

ENHANCED PROGRAM ACADEMIC REFERENCE #1

To the applicant:

Please complete the brief informational section below before giving this form to your academic reference (teacher/counselor). Applicants are responsible for ensuring the arrival of this form before December 15.

Name of applicant: _____

High School: _____

To the reference:

Students considered for the Enhanced Program apply to the College and to the Enhanced Program. The Enhanced Program is a comprehensive program that includes a first-year Learning Strategies class, a weekly meeting with a staff member, and tutors, as needed. Accommodations, as supported by documentation, are also provided. Your assessment of the student's abilities is important in our evaluation of the applicant. Please complete this confidential Academic Reference and send it to the address at the end of this form.

Part 1:

Name of reference: _____

Title: _____

How long and in what capacity have you known the student? _____

Part 2

The student . . .

Generally	Sometimes	Rarely	Don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. completes school work without reminders.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. gets help from parents on assignments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. interacts with teachers and peers in a positive manner.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. knows how to study for tests.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. begins assignments in a timely manner.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. has problems with deadlines.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. seeks assistance when needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. uses organizational tools (daily planner, binder, folders, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. enjoys reading.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. participates in class discussions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. can concentrate on reading texts or working on assignments for at least an hour.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. manages time well.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. is a determined person when it comes to academic tasks.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. sets priorities by making to-do lists.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. is confident about his/her future.



LORAS COLLEGE

Lynch Office of Disability Services

(563) 588-7134 / Fax: (563) 588-7071

ENHANCED PROGRAM ACADEMIC REFERENCE #1 - pg. 2

Generally	Sometimes	Rarely	Don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. is a self-starter.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. accepts directions and advice from others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. enjoys interacting with teachers and fellow students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. has an adequate attention span in class.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. has self-discipline.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. prefers to study alone.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. approaches teachers for assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. takes responsibility for his/her actions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. puts off enjoyable activities in order to get things done.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. is a confident individual.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. is a hard worker.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. understands how his/her disability affects academic and personal life.

Part 3:

What are the main challenges the student may encounter in college? _____

Part 4:

Additional Comments: _____

Part 5:

Signature: _____ Date: _____

This is a confidential reference. *All materials must be received prior to **December 15.***

Please mail the completed form to:

Lynch Office of Disability Services
Enhanced Program
Loras College Mail #31
1450 Alta Vista St.
Dubuque, IA 52001



LORAS COLLEGE

Lynch Office of Disability Services

(563) 588-7134 / Fax: (563) 588-7071

ENHANCED PROGRAM ACADEMIC REFERENCE #2

To the applicant:

Please complete the brief informational section below before giving this form to your academic reference (teacher/counselor). Applicants are responsible for ensuring the arrival of this form before December 15.

Name of applicant: _____

High School: _____

To the reference:

Students considered for the Enhanced Program apply to the College and to the Enhanced Program. The Enhanced Program is a comprehensive program that includes a first-year Learning Strategies class, a weekly meeting with a staff member, and tutors, as needed. Accommodations, as supported by documentation, are also provided. Your assessment of the student's abilities is important in our evaluation of the applicant. Please complete this confidential Academic Reference and send it to the address at the end of this form.

Part 1:

Name of reference: _____

Title: _____

How long and in what capacity have you known the student? _____

Part 2

The student . . .

Generally	Sometimes	Rarely	Don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. completes school work without reminders.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. gets help from parents on assignments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. interacts with teachers and peers in a positive manner.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. knows how to study for tests.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. begins assignments in a timely manner.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. has problems with deadlines.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. seeks assistance when needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. uses organizational tools (daily planner, binder, folders, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. enjoys reading.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. participates in class discussions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. can concentrate on reading texts or working on assignments for at least an hour.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. manages time well.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. is a determined person when it comes to academic tasks.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. sets priorities by making to-do lists.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. is confident about his/her future.



LORAS COLLEGE

Lynch Office of Disability Services

(563) 588-7134 / Fax: (563) 588-7071

ENHANCED PROGRAM ACADEMIC REFERENCE #2 - pg. 2

Generally	Sometimes	Rarely	Don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. is a self-starter.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. accepts directions and advice from others.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. enjoys interacting with teachers and fellow students.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. has an adequate attention span in class.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. has self-discipline.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. prefers to study alone.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. approaches teachers for assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. takes responsibility for his/her actions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. puts off enjoyable activities in order to get things done.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. is a confident individual.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. is a hard worker.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. understands how his/her disability affects academic and personal life.

Part 3:

What are the main challenges the student may encounter in college? _____

Part 4:

Additional Comments: _____

Part 5:

Signature: _____ Date: _____

This is a confidential reference. *All materials must be received prior to **December 15.***

Please mail the completed form to:

Lynch Office of Disability Services
Enhanced Program
Loras College Mail #31
1450 Alta Vista St.
Dubuque, IA 52001