AUGSBURG UNIVERSITY STEPUP® PROGRAM

Recommendation Form

Augsburg University, StepUP Program 2211 Riverside Avenue South, Box 82 Minneapolis, MN 55454

Return completed form to: Confidential fax (612) 330-1682

| SECTION 1 (to be completed by Applicant) | | |
|--|-----------------------------------|---------------------------------------|
| | | |
| Name (print) | first | middle |
| Release of Information: I hereby consent to the release of information necessary for the StepUP Program staff to determine my appropriateness/readiness for the Augsburg University StepUP Program. | | |
| I waive my access to this recommendation. | 🗆 Yes 🗆 No | |
| Applicant signature | | _ Date |
| | | |
| SECTION 2 (to be completed by Reference) | | |
| Reference name (print) | | |
| last | first | title |
| Address | | |
| Daytime telephone # | | |
| Relationship to Applicant Most recent chem | nical dependency counselor □ The | erapist 🛛 Psychologist 🔲 Psychiatrist |
| Dates providing services to the individual | / to | // (or) Present |

Note to the Reference from the StepUP Staff

The StepUP Program appreciates all candid and relevant information you provide. Your feedback will be used in conjunction with other information to determine the applicant's readiness and appropriateness for participation in the StepUP Program. Every StepUP Program student must have a minimum of six months of consistent sobriety by the date in which they move into the StepUP Program housing.

The StepUP Program is an academic as well as recovery-based support program for Augsburg University students. Please appraise this applicant's readiness for **both** the university and the StepUP Program by addressing the following questions. Thank you for your assistance and information.

A staff member may contact you for clarification on the information you provided if necessary. Contact the StepUP Program office at (612) 330-1405 with any questions or visit http://www.augsburg.edu/stepup/.

1) Why do you believe this applicant is ready for college in terms of interest in academic achievement, cognitive abilities, thought processes, strengths and deficits? Please provide concrete examples.

2) What leads you to believe this applicant is working a healthy recovery program? Please provide specific information regarding meeting attendance and frequency, relationship with their sponsor, belief in a Higher Power, amount of time clean and sober, etc.

3) What are the potential challenges this applicant may face in their ability to succeed in college while maintaining a stable and healthy recovery program?

4) What coexisting addictions are present with this individual? What information do you have about them and what are your concerns?

5) What health concerns do you have in regards to daily hygiene, physical fitness, and nutrition – including the use of caffeine and energy drinks?

6) How would you describe this individual's emotional health in terms of stress, mood, energy and sleep? Are they taking medications as prescribed and do attend their scheduled therapy/psychiatric medication appointments?

7) What information can you provide regarding their current relationships with peers, parents, and significant others?

8) What are the legal issues either past or present?