

# 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) \_\_\_\_\_  
last 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 chemical dependency counselor  Therapist  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/>.



- 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?

Reference Signature \_\_\_\_\_ Date \_\_\_\_\_