



Disability Services
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Mason Autism Support Initiative

Recommendation Form 2020-2021 Academic Year

The information on this form will be used as part of the application process for determining acceptance in the Mason Autism Support Initiative (MASI) at George Mason University. The MASI program offers individualized, comprehensive social and academic supports to motivated GMU students with Autism Spectrum Disorder. The program guides students through the initial transition into university life, and assists them in building skills necessary to be successful during college and post-graduation. Thank you for your help in providing valuable information to assist the MASI team in making this decision. This is a confidential recommendation and will only be reviewed by MASI/Disability Services staff or application committee members.

Name of applicant:

Name of person completing form: Date:

Relationship to applicant:

How long have you known applicant?

Are you willing to be contacted in regards to the applicant? Yes No

If yes, please provide contact information:

Phone: Email:

Please provide our team with information on any notable strengths and challenges in the following areas (Feel free to type your responses on a separate page if you require more room or prefer a different method of submitting your answers):

Academic Performance:

Strengths:

Challenges:

Classroom Conduct:

Strengths:

Challenges:

Peer Relations:

Strengths:

Challenges:

Interpersonal Communication:

Strengths:

Challenges:

Reception to Feedback:

Strengths:

Challenges:

Self-Advocacy:

Strengths:

Challenges:

Organizational Skills:

Strengths:

Challenges:

Handling Frustration/Stress Management:

Strengths:

Challenges:

Emotional Well-Being:

Strengths:

Challenges:

School/Class Attendance (check one):

Number of Absences: Frequent Occasional
 Seldom Rarely

Number of Tardies: Frequent Occasional
 Seldom Rarely

What areas would you recommend this applicant receive support in the college curriculum/environment?

Additional comments: Please provide any further information you feel would be useful for consideration of this applicant:

Acknowledgement and Signature

I certify that the information contained in this recommendation is accurate to the best of my knowledge.

Recommender's Signature

Date

Please return this completed form to Disability Services by email at masi@gmu.edu or by mail at the address below.

If you have questions, please contact Disability Services at 703-993-2474, or masi@gmu.edu.

ATTN: MASI
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