



# 2023 STUDENT INTERNSHIP EXPERIENCE PROGRAM

Allegany-Steuben Counties Chapter NYSARC, Inc.  
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## TRAINEE RECOMMENDATION FORM

\_\_\_\_\_ has applied to the Student Internship Experience Program. The Student Internship Experience Program provides individuals with disabilities a paid, on-the-job work experience during the summer. This training and work experience is designed to assist the individual in preparing for and obtaining competitive employment. Please complete the following information so that we can consider this applicant for the Student Internship Experience Program.

How long have you known the individual and in what capacity? \_\_\_\_\_

A trainee's job placement is developed based on the individual's skills and abilities. In your opinion, what type of work is this individual best suited?

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How independent does the individual conduct themselves at school and in the community?

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Please list any specific skills this individual has (for example: typing)?

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**Please rate the student's level of independence in the following categories (check which applies):**

**Level of Independence (Place X in box):**

| CATEGORIES   | Minimal Assistance | Moderate Assistance | Extensive Assistance |
|--|--------------------|---------------------|----------------------|
| Responds Appropriately to Directions                             |                    |                     |                      |
| Ability to Adjust to Changes                                     |                    |                     |                      |
| Cooperation with Others  |                    |                     |                      |
| Ability to Work Independently                                    |                    |                     |                      |
| Remains on Task  |                    |                     |                      |
| Personal Hygiene/Dress Appropriately                             |                    |                     |                      |
| Manages Frustration Appropriately                                |                    |                     |                      |
| Verbal Communication Skills (or uses augmentative communication) |                    |                     |                      |
| Follows daily schedule in a timely manner                        |                    |                     |                      |
| Understands and follows school's rules                           |                    |                     |                      |
| Requests help when needs assistance                              |                    |                     |                      |

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_