



UPWARD BOUND PROGRAM



Teacher/Counselor Recommendation for Student Participation in Upward Bound

Student Name: _____ Address _____

City _____ Zip Code _____ Home Phone _____

School _____ Student Classification _____

Teacher Name _____ Counselor Name _____

Subject Name _____ Length of time you have known student _____

Upward Bound is a program designed to generate knowledge, skills and motivation for success in post secondary school. Participants should have the ability to succeed in post secondary school even though they may not now be demonstrating all of the characteristics of successful students. Please rate this student by circling the appropriate response to these statements.

1—Strongly Agree 2—Agree 3—Neither Agree/Disagree 4—Disagree 5—Strongly Disagree

1.	Expresses interest in academic endeavors	1	2	3	4	5
2.	Demonstrates responsible behavior	1	2	3	4	5
3.	Relates well to peers	1	2	3	4	5
4.	Cooperates with school staff	1	2	3	4	5
5.	Is dependable and reliable	1	2	3	4	5
6.	Would benefit from supplemental academic support and services.	1	2	3	4	5
7.	Needs expanded cultural awareness	1	2	3	4	5
8.	Would benefit from supplemental career guidance and information	1	2	3	4	5
9.	Has good attendance/punctuality record	1	2	3	4	5
10.	Will be successful in college endeavors	1	2	3	4	5

Additional comments: _____

SIGNATURE of Teacher/Counselor: _____ DATE: _____

This is an important an important part of the student’s application for Upward Bound. Please return to us as soon as possible. Thank You.

Student: Please read and sign the following statement before giving this form to your Teacher or Counselor. Your Teacher or Counselor will return this form to us in the enclosed postage paid, self-addressed envelope.

“I hereby waive all rights to see this recommendation form when completed.”

Student Signature: _____ DATE: _____