



# Upward Bound Teacher/Counselor Recommendation Form

The following student has applied to Forward Service Corporation's Upward Bound program. Your assessment of this student would be appreciated. For those students in 9<sup>th</sup> grade, a recommendation from a middle school teacher is acceptable. For all other grades, a recommendation must be from a high school teacher.

Student Name \_\_\_\_\_ School \_\_\_\_\_

### Person Completing this Form:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

How well do you know this student?  Very well  Somewhat  Not very well

1. Based on your observations, please rate this student's **performance** and/or **potential**

	Above Average	Average	Below Average	Unknown
Overall academic performance				
Overall academic potential				
Social skills/peer relations				
Demonstrated leadership skills				
School or class attendance				
Determination/motivation for academic success				
Attitude				

2. What specific areas of academic or social need that Upward Bound may be able to address?

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3. What factors or circumstances may keep this student from pursuing a college education?

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4. What are some of this student's academic or other strengths?

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5. Other comments or information that will assist us in assessing the needs and potential of this student.

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Signature of Person Completing Form

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Date



*Your completed recommendation can be returned to the high school guidance office, UB mailbox at your school, via email, or US mail.  
Thank you for your assistance.*