Dear Student,

Please give this Teacher Recommendation Form, along with the enclosed return envelope, to a teacher at your school who instructs you in one of the following core subjects: English, math, social studies, or science. If you last attended middle school, you may give it to a teacher from that school. If you are currently attending high school, you may give it to your high school teacher. Please ask them to fill out the form and return it to us in the enclosed, postage paid, self-addressed envelope. Before giving the form to a teacher or a counselor, you should print your name, address, phone number, name of your high school, and student classification on the first and second lines, then sign and date the form.
Student Name: ___________________________ Address: ____________________________________

(first) (last) (number) (street name)
City: __________ Zip Code: __________ Home Phone: __________________________

School: ___________________________ Student Classification: __________________

Teacher Name: ________________________ Subject: __________________

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 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. Your Teacher 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: ________________