**Upward Bound**

**Teacher Recommendation Form**

**2020-2021**

Student recommendations should be provided by the applicant’s past and/or current teachers.

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade:\_\_\_\_\_\_\_\_\_\_ High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Evaluation**

Please rate the applicant 1-5, according to your observations and/or knowledge, compared to all other students in the same grade. If unable to rank please us N/A.

1 Superior 2 Above Average 3 Average 4 Fair 5 Poor N/A Unable to Rank

Academic Skills:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Analytic Skills:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teamwork:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attendance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leadership:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maturity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comprehension:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Preparedness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Oral Communication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Written Communication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interest in Math/Science:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judgement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College Planning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Management:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Career Planning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Habits:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Test-Taking Skills:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note-Taking Skills:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dealing with Authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Natural Intellect:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have the potential for college success?

Would this student take full advantage of college preparatory assistance?

Do you feel that this student is capable of staying committed to this program for the remaining of their high school career?

Please make additional comments that would help us evaluate this applicant: