

Upward Bound
REGIONAL MATH/SCIENCE CENTER

1-800-646-6004
Fax: 301-687-4207

Frostburg State University
www.frostburg.edu/clife/mscenter

101 Braddock Rd
Frostburg, MD 21532

MATHEMATICS TEACHER RECOMMENDATION

Applicant should submit this form to his/her teacher for completion.

Teachers may mail or fax completed form or email rhegeman@frostburg.edu to obtain fillable PDF that can be returned via email.

Student Name: _____

Dear Teacher:

The above student has applied to the Upward Bound Regional Math/Science Center at Frostburg State University. The Regional Math/Science Center is a federally funded pre-college program designed to encourage qualified students to further their educational pursuits beyond high school, specifically in the areas of Math and Science. A brochure of the program is available upon request, and we encourage you to visit our website at www.frostburg.edu/clife/mscenter.

Two of the most important factors in considering a student for the Regional Math/Science Center are a **need for the program** and **post-secondary/college potential**. Your realistic appraisal will be of great assistance in determining the student's suitability for the program.

When evaluating the student keep in mind the following criteria: academic strengths and weaknesses, potential for growth, behavior in class, level of motivation, work quality, and achievement. This assessment should contain your considered opinion as to whether or not you think this student possesses the potential to succeed in post-secondary education, **specifically in the fields of mathematics and/or science**.

- ☐ Definite potential for success
- ☐ Potential and motivation are there but student will need a lot of guidance and support
- ☐ Student has the potential but lacks the motivation
- ☐ At this point in time it is not realistic for this student to consider pursuing a degree in mathematics or science
- ☐ Other: _____

Students selected for the Regional Math/Science Center must demonstrate a need for the services we provide. How would you categorize this student's need? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Need to improve GPA | <input type="checkbox"/> Predominately low-income community |
| <input type="checkbox"/> Need to increase confidence or self-esteem | <input type="checkbox"/> Rural Isolation |
| <input type="checkbox"/> Need to develop stronger educational aspirations | <input type="checkbox"/> Interest in careers in Math and/or Science |
| <input type="checkbox"/> Need for additional opportunities, support and/or guidance to take challenging courses | <input type="checkbox"/> Limited proficiency in English |
| <input type="checkbox"/> Need to develop career goals | <input type="checkbox"/> Need to improve achievement test scores |

Additional comments that might assist us in evaluating this student's application:

Will this student take the Algebra HSA this year, or has this student already taken the Algebra HSA? ☐ Yes ☐ No

Teacher Name: _____

Name of Math Course _____

Email: _____

Student's grade in this course is: _____