

TRiO UPWARD BOUND PROGRAM
 Lock Haven University of Pennsylvania
 Russell Hall #111
 Lock Haven, PA 17745
 Phone: (570) 484-3054 Fax: (570) 484-3976
TEACHER RECOMMENDATION FORM

Student's Name: _____ Date: _____

Teacher's Name: _____ School: _____

Relationship to Student: _____ Phone: _____

Teacher (Class: _____) Other _____

High School Counselor

From your observations and interactions with this student, please circle the number which best describes his or her:
 (Please respond to all questions – make your best guess if you have to.)

	<u>Very High</u>	<u>High</u>	<u>Average</u>	<u>Low</u>
1) Demonstrated interest in subject	4	3	2	1
2) Level of motivation to succeed academically	4	3	2	1
3) Perseverance in completing tasks	4	3	2	1
4) Willingness to follow directions	4	3	2	1
5) Demonstration of appropriate classroom behavior	4	3	2	1
6) Number of unexcused class absences	4	3	2	1
7) Overall positive attitude about academics	4	3	2	1
8) Academic potential for post secondary education	4	3	2	1
9) Likelihood of benefiting academically and personally from Upward Bound Services (see back of application)	4	3	2	1
10) Likelihood of pursuing post secondary education on his/her own	4	3	2	1
11) Level of opportunity to work with technology tools	4	3	2	1
12) Level of opportunity to meet/work with professionals, other than teachers	4	3	2	1

Please help us to better assess this student's ability to complete post secondary degree by commenting freely upon his or her strengths, abilities, special talents, or needs in the space below.
