

SONOMA STATE UNIVERSITY
UPWARD BOUND PROGRAMS
TEACHER RECOMMENDATION FORM

Student's Name: _____ School: _____ Grade: _____

TO THE STUDENT:

You will need to have this form completed by a Math, Science, English, or AVID teacher. *If you are applying to the Upward Bound Math & Science Program, your Teacher Recommendation Form must be completed by a Math or Science teacher.*

TO THE RECOMMENDER:

- Upward Bound is designed to assist students in preparing for and enrolling in the four-year college/university of their choice. Students who show potential, but need motivation and/or academic assistance in order to succeed in college, may be nominated.
- This Recommendation Form is very important in the evaluation and selection of students.
- Please be as specific as possible in your remarks.
- Recommendation Forms can be returned to the student or directly to our office.
- Application Deadline: January 31, 201を

Recommender's Name: _____ Math Teacher Science Teacher

Phone: _____ Email Address: _____ English Teacher AVID Teacher

1. How long have you known the applicant? _____
 Under what circumstances? _____

2. Based on your knowledge of the applicant, please rate his/her academic skills or performance:

	Outstanding	Above Average	Average	Below Average	N/A
a) Academic Achievement/Grades					
b) Writing Skills					
c) Reading Skills					
d) Math Skills					

3. Based on your knowledge of the applicant, please rate his/her characteristics, motivation, and potential:

	Strongly Agree	Agree	Slightly Agree	Disagree	N/A
a) Has positive self-image					
b) Demonstrates leadership capability					
c) Self-starter, has intellectual curiosity					
d) Is highly motivated					
e) Handles frustrating or disappointing experiences well					
f) Has potential for academic growth					

4. What qualities best describe the applicant?

5. Upward Bound Programs is a huge commitment, in terms of both time and academic dedication. Are you aware of any current circumstances or problems that may affect the applicant's commitment and/or performance in the Program (e.g., family responsibilities, educational preparation, health or emotional aspects, etc.)?

6. What is your assessment of the student's potential and motivation to succeed? What is your evaluation of the applicant's capability for undertaking college preparatory high school work?

7. School/Class Attendance: Excellent Good Fair Poor

8. Recommendation level for this student to be admitted to the Upward Bound Program:
 Strongly Recommend Recommend Recommend with Reservation Do not Recommend

Signature: _____ Date: _____

Please return to the student or directly to our office:

**Sonoma State University
Upward Bound Programs
1801 E. Cotati Avenue, Bldg. 49
Rohnert Park, CA 94928-3609
Phone: (707) 664-3273 Fax: (707) 664-2886**