## UPWARD BOUND PROGRAM TEACHER RECOMMENDATION FORM

Please complete this form and return to applicant in a sealed envelope marked "Teacher Recommendation." Thank you for your assistance in evaluating this applicant for the Upward Bound Program!

STUDENT'S NAME		COURSE					
Please	rate the applicant on the following	factors,	from 1 (	(low) to	5 (high	n):	
1.	Academic Skills	□ 1	□ 2	□ 3	□ 4	□ 5	
2.	Motivation to learn	$\Box$ 1	□ 2	□ 3	□ 4	□ 5	
3.	Self-discipline	$\Box$ 1	□ 2	□ 3	□ 4	□ 5	
4.	Timely assignment completion	$\Box$ 1	$\square$ 2	□ 3	□ 4	□ 5	
5.	Preparation for tests	$\Box$ 1	$\square$ 2	□ 3	□ 4	□ 5	
6.	Performance on tests	$\Box$ 1	$\square$ 2	□ 3	□ 4	□ 5	
7.	Punctuality	$\Box$ 1	$\square$ 2	□ 3	□ 4	□ 5	
	Overall attendance	$\Box$ 1	$\square$ 2	$\square 3$	$\Box$ 4	□ 5	
Please	provide specific comments regardi	ing the ap	plicant	's acade	emic str	engths:	
Please	provide specific comments regardi	ing the ar	eas in v	vhich th	e applic	cant needs	to improve:
-	cific detail, please comment on the ed by the Upward Bound program					r the acade	mic support
Cianat			Doto				