

Upward Bound Math/Science Program

COUNSELOR RECOMMENDATION

To be completed by the student's **SCHOOL COUNSELOR** and **returned with your application**.

Student's Name			School			
Name of Counselor com	pleting form					
Position			Phone #			
	us in determining	if this student w			e. Your honest assessment nd seeks students who are	
YOU MUST return	n a copy of th	ne <u>student</u>	's Official High S	chool Transc	ript with this form.	
Please rate the student on the following characteristics:						
5 = Outstanding 4	l = Excellent	3 = Good	2 = Above Average	1 = Average	0 = Not Applicable	
Creativity		Self Co	onfidence		Leadership potential	
Interpersonal with peers	l skills	Ability disapp	to cope with cointment or failure		Willingness to accept responsibility	
Interpersona with Adults	l skill		to set and achieve mic goals		Ability to learn new concepts	
Study habits	_	Self-ini	itiative motivation		Independence	
Academic Potential:	Excellent _	Goo	d Fair	Grade A	verage	
Motivation:	High	Motivat	ed when interested _	Uninte	erested	
Home Climate:	Positive Inf	luence	Neutral	_ Negative Inf	luence	
Disciplinary Action	Comment of	on any disciplii	nary action(s) at pres	ent school		
Physical Disability:	Yes N	o if y	/es, please comment:	:		
Potential:	Do you feel this student has the potential for being successful in a two or four-year college (even if presently not achieving)? Yes No					
Recommendation: Do you recommend this student for the Upward Bound Math/Science Program? /es No						
Please write a brief st	ate of recommer	ndation:				
Counselor's Signature					Date	