



TRiO UPWARD BOUND

1 College Road, Batavia, NY 14020
(585) 786-2830

Sponsored by Genesee Community College



TEACHER RECOMMENDATION

Date: _____

Student's Name: _____ School: _____

Teacher's Name: _____ Subject: _____

Please complete this form and return in a sealed envelope to the UPWARD BOUND mailbox in the Guidance Office or mail to the above address.

The above student has applied for admission to **UPWARD BOUND**, a US Department of Education funded college prep program sponsored by **Genesee Community College**. **UPWARD BOUND** provides advisement, tutoring, and college preparation experiences for promising high school students who might not otherwise pursue higher education. **UPWARD BOUND** students must possess the *drive*, *desire*, and *academic potential* to obtain a four-year college degree. Your candid assessment of the student's character, academic ability, and motivation to succeed is vital to facilitate the selection committee's thorough assessment of the student, his/her needs, and **UPWARD BOUND's** capacity to provide him/her the services necessary to succeed in college.

RECOMMENDATION

I (please circle one) highly recommend / recommend / recommend with reservations / do not recommend / this student for admission to UPWARD BOUND for the following reasons:

GENERAL EVALUATION

APPROXIMATE RANGE Please circle the appropriate rating	HIGH	→	→	→	LOW
Completes assignments on time	5	4	3	2	1
Participates in class	5	4	3	2	1
Exhibits responsible behavior	5	4	3	2	1
Cooperates with authority	5	4	3	2	1
Academically motivated	5	4	3	2	1
Interacts appropriately with peers	5	4	3	2	1
Potential for college success	5	4	3	2	1
Appropriate classroom behavior	5	4	3	2	1

KNOWLEDGE OF STUDENT

HOW WELL DO YOU KNOW THE STUDENT? HOW LONG HAVE YOU KNOWN THE STUDENT AND IN WHAT CAPACITY?

COLLEGE POTENTIAL

WHAT INDICATIONS DO YOU HAVE THAT THIS STUDENT HAS THE ACADEMIC POTENTIAL TO OBTAIN A FOUR YEAR COLLEGE DEGREE? PLEASE BE SPECIFIC.

ACADEMIC SUPPORT

PLEASE INDICATE THE AREAS IN WHICH THE STUDENT HAS THE GREATEST NEED FOR ACADEMIC SUPPORT.

PLEASE FEEL FREE TO ATTACH ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE USEFUL IN THE SELECTION COMMITTEE'S EVALUATION OF THIS STUDENT.

SIGNATURE _____ DATE _____