



Reading Area Community College
UPWARD BOUND PROGRAM
Teacher/Counselor Recommendation Form

When completing the form, we would appreciate an objective, honest evaluation of the student's academic strengths and weaknesses. Please return the completed form to the Upward Bound mailbox in the main office @ Reading High, or scan it to lkruise@racc.edu. Should you have any questions, please contact our office at 610.374.0844.

Student Name: _____ School: _____

Teacher/Counselor: _____

A. How long have you known the student? ☐ Less than 1 year ☐ More than 1 year

B. What class(es) has this student taken with you? _____

C. Please rate the student according to your observation or knowledge:

	Poor	Fair	Average	Good	Excellent	N/A
1. Attitude towards academics	1	2	3	4	5	0
2. Intellectual ability/level of understanding	1	2	3	4	5	0
3. Ability to function effectively, follow rules, and accept consequences	1	2	3	4	5	0
4. Communication skills	1	2	3	4	5	0
5. Study skills/habits	1	2	3	4	5	0
6. Responsibility	1	2	3	4	5	0

Additional Comments:

Teacher/Counselor Signature: _____ Date: _____