



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, fax it to 610.374.6755, or mail it in the attached pre-paid envelope. 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: \_\_\_\_\_