

# TRIO UPWARD BOUND PROGRAM MT. SAN ANTONIO COLLEGE



## TEACHER RECOMMENDATION FORM

**Applicant:** Please type your name, high school, grade level and today's date on the top portion of this form, then give it to a teacher who will recommend you to our program. Please do not give this form to a relative or a friend to fill out.

Last Name:	First Name:	Middle Name:
High School:	Grade:	Today's Date:

**Teacher:** The above-named student is interested in participating in the Upward Bound Program at Mt. San Antonio College (Mt. SAC). Upward Bound is an academic program designed to prepare and help motivate students who have the potential for success in postsecondary education.

We would appreciate your honest feedback of this student and their potential for benefiting if they participate in the Upward Bound Program. Please use the space provided to comment on the relative strengths and weaknesses of the student, how long you have known them and in what capacity.

**Teacher, using the scale below, please place the number that most accurately describes the student in regards to each statement:**

**1 = Strong Disagree      2 = Disagree      3 = Neutral      4 = Agree      5 = Strong Agree**

_____ Express interest in their academic goals	_____ Consistently follows through on classwork commitments
_____ Is motivated to succeed in their class commitments	_____ Would benefit from supplemental educational enrichment
_____ Has good attendance record	_____ Regularly exhibits a positive attitude in the classroom
_____ Shows motivation to achieve their goals	_____ Respects classroom rules and expectations
_____ Demonstrates punctuality	_____ Dependable and reliable behavior in/out of the classroom
_____ Relates well to peers	_____ Has expressed interest in pursuing a higher education

**Please select all the areas in which you feel Upward Bound could help the student:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Postsecondary Planning & Selection | <input type="checkbox"/> Financial Aid Advisement & Assistance | <input type="checkbox"/> Academic Skills  |
| <input type="checkbox"/> Self-esteem / Social skills        | <input type="checkbox"/> College Entrance Exams                | <input type="checkbox"/> Career Awareness |
| <input type="checkbox"/> Other: _____                       |  |   |

**Does the student have the potential to succeed in postsecondary education?**

- Yes     No     Unsure

**Please indicate your assessment of the student's postsecondary potential or interest:**

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> College or University | <input type="checkbox"/> Community College           | <input type="checkbox"/> Unknown      |
| <input type="checkbox"/> Armed Forces          | <input type="checkbox"/> Vocational Technical School | <input type="checkbox"/> Other: _____ |

**Teacher Printed Name:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

