

## Counselor Letter of Recommendation

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

### TO THE STUDENT:

- Give this form to your current Counselor.

### TO THE RECOMMENDER:

- The **Florida Atlantic University's Upward Bound Program** is designed to assist students in preparing for and enrolling in the four-year college/university of their choice. You may nominate students who show potential, motivation and an interest attending college, but may need academic assistance in order to succeed.
- The Recommendation Form is very important in the evaluation and selection of students.
- Recommendation Forms can be returned to the student or returned directly to our office (Upward Bound Program, 111 East Las Olas Blvd, HEC Bldg. Ft. Lauderdale, FL 33301)

Recommender's Name: \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_ Cell/Work Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

1. How long have you known the applicant?: \_\_\_\_\_ Years \_\_\_\_\_ Months

Under what circumstances?: \_\_\_\_\_

2. Based on your knowledge of the applicant, please list the student's academic skills or performance:

a. GPA (unweighted/weighted):

9th Grade \_\_\_\_\_/\_\_\_\_\_ 10th grade \_\_\_\_\_/\_\_\_\_\_ 11th grade \_\_\_\_\_/\_\_\_\_\_

b. Has the student completed Algebra 1:

☐ No

☐ Yes (grade completed): \_\_\_\_\_

c. Score:

PSAT: \_\_\_\_\_ SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_

d. Applicant's academic needs as checked below will be used to prioritize selection. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Low Grade Point Average     | <input type="checkbox"/> Limited English Proficiency            |
| <input type="checkbox"/> Low achievement test scores | <input type="checkbox"/> Lack of confidence, social skills      |
| <input type="checkbox"/> Low educational aspirations | <input type="checkbox"/> Predominately low income community     |
| <input type="checkbox"/> Lack of career goals        | <input type="checkbox"/> Learning Disability                    |
| <input type="checkbox"/> Rural Isolation             | <input type="checkbox"/> Interest in career in math and science |

3. Based on your knowledge of the applicant, please rate the applicant's personal qualities:

	Strongly Agree	Agree	Somewhat Agree	Disagree	N/A
a) Has positive self-image					
b) Demonstrate Leadership Capabilities					
c) Is a self-starter, intellectual curiosity					
d) Is highly motivated					
e) Overcomes challenges					
f) Has potential for growth					
g) Works well with others					
h) Meets deadlines					

4. Is the student on track to complete the admission requirements to apply to a four-year university?

5. Are you aware of any current circumstances or problems that may affect the applicant's commitment and/or performance in the Upward Bound program (financial background, family responsibilities, educational preparation, health or emotional aspects)?

6. What is your assessment of the student's relative strengths, weaknesses and abilities; and his/her potential for benefiting from participation in the Upward Bound Math & Science Program?

7. School/Class Attendance (circle one):      Excellent                      Good                      Poor

8. Recommendation for this student to be admitted to the Upward Bound Math & Science Program (circle one):  
                 strongly recommend                      recommend                      do not recommend

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_