COUNSELOR RECOMMENDATION FORM

Carolina Higher Education Opportunity Programs

Please complete this form and return to applicant in a sealed envelope marked “Counselor Recommendation” with **standardized test scores**, **a recent report card**, and **a high school transcript**. Thank you for your assistance in evaluating this applicant for the Upward Bound program!

**STUDENT’S NAME ____________________________ SCHOOL __________________________**

Please rate the applicant on the following factors, from 1 (low) to 5 (high), or mark N/S if you are not sure how to rate based on your interaction with the student:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Academic Skills/Performance</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ N/S</td>
</tr>
<tr>
<td>2. Potential for College Success</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ N/S</td>
</tr>
<tr>
<td>3. Motivation to attend college</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ N/S</td>
</tr>
<tr>
<td>4. Need for academic support</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ N/S</td>
</tr>
<tr>
<td>5. Need for career development</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ N/S</td>
</tr>
<tr>
<td>6. Need for social skills development</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ N/S</td>
</tr>
<tr>
<td>7. Use of academic resources</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ N/S</td>
</tr>
<tr>
<td>8. Overall attendance</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ N/S</td>
</tr>
</tbody>
</table>

Please provide specific comments regarding the applicant’s academic and personal strengths:

______________________________________________________________________________

______________________________________________________________________________

Please provide specific comments regarding the areas in which the applicant needs to improve, or in which they are lacking support:

______________________________________________________________________________

______________________________________________________________________________

In specific detail, please comment on the student’s demonstrated need for the academic support in preparation for college provided by Upward Bound:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

__________
Name of Counselor (please print)

_____________________  ________________
Signature of Counselor                Date
Teacher Recommendation Form

Carolina Higher Education Opportunity Programs

Please complete this form and return to applicant in a sealed envelope marked “Teacher Recommendation.” Thank you for your assistance in evaluating this applicant for the Upward Bound program!

Student’s Name ___________________________ Course _______________________

Please rate the applicant on the following factors, from 1 (low) to 5 (high), or mark N/S if you are not sure how to rate based on your interaction with the student:

1. Academic Skills □ 1 □ 2 □ 3 □ 4 □ 5 □ N/S
2. Motivation to learn □ 1 □ 2 □ 3 □ 4 □ 5 □ N/S
3. Self-discipline □ 1 □ 2 □ 3 □ 4 □ 5 □ N/S
4. Timely assignment completion □ 1 □ 2 □ 3 □ 4 □ 5 □ N/S
5. Preparation for tests □ 1 □ 2 □ 3 □ 4 □ 5 □ N/S
6. Performance on tests □ 1 □ 2 □ 3 □ 4 □ 5 □ N/S
7. Punctuality □ 1 □ 2 □ 3 □ 4 □ 5 □ N/S
8. Overall attendance □ 1 □ 2 □ 3 □ 4 □ 5 □ N/S

Please provide specific comments regarding the applicant’s academic and personal strengths:
____________________________________________________________________________
____________________________________________________________________________

Please provide specific comments regarding the areas in which the applicant needs to improve, or in which they are lacking support:
____________________________________________________________________________
____________________________________________________________________________

In specific detail, please comment on the student’s demonstrated need for the academic support in preparation for college provided by Upward Bound:
____________________________________________________________________________
____________________________________________________________________________

____________________________________  ______________________________________
Name of Teacher (please print)                                   Signature of Teacher     Date