

**UPWARD BOUND**  
**University of Central Arkansas**  
**201 Donaghey Avenue, Main Hall Suite 05**  
**Conway, AR 72035**  
**Faculty Recommendation Form**

Student's Name: \_\_\_\_\_ High School: \_\_\_\_\_  
Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

**To the principal, counselor, or teacher:** This student is applying to the UCA Upward Bound Program. **The student must demonstrate the academic ability for post-secondary education, as well as the need for services provided by Upward Bound.** Please give your evaluation of this student. The information requested will help us in determining the student's academic eligibility to participate. When completed, please return this form to the counselor or mail to the Upward Bound office. Thank you for your time and interest.

How long have you known the student? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Does this student have the potential to succeed in a post-secondary education?

Yes  No  Unsure

**Would you classify this student as any of the following:**

At risk?  Yes  No If yes, identify areas: \_\_\_\_\_

Gifted and talented?  Yes  No If yes, identify areas: \_\_\_\_\_

Learning disabled?  Yes  No If yes, identify areas: \_\_\_\_\_

**Please comment on the following:**

Academic Potential:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Development:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check the areas in which you feel the student needs assistance:**

<input type="checkbox"/> Motivation/Effort	<input type="checkbox"/> Improve Attendance
<input type="checkbox"/> Study Habits	<input type="checkbox"/> Science Skills
<input type="checkbox"/> Writing Skills	<input type="checkbox"/> Math Skills
<input type="checkbox"/> English Skills	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Reading Skills	<input type="checkbox"/> ACT Preparation
<input type="checkbox"/> Career Awareness/Counseling	<input type="checkbox"/> Social Skills
<input type="checkbox"/> Self Esteem	<input type="checkbox"/> Other _____

**<over>**

**Check your assessment of the student's post-secondary aspirations:**

College or University                       Military Service                       Other  
 Community College                       Full Time Employment  
 Vocational/Technical School                       Unknown

**Please rate the applicant's characteristics and motivation:**

	Outstanding	Above Average	Average	Needs Improvement	No Basis for Judgment
Potential for growth					
Accepts responsibility					
Motivation & willingness to learn					
Good class attendance and punctuality with class assignments					
Good communication skills					
Emotional maturity					
Positive attitude and behavior					
Respect for self, peers, & authority					
Ability to cope calmly with frustrating experiences					
Potential for post-secondary success					

**Please comment on the student's need for Upward Bound:**

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Please indicate your recommendation of the student for participation in this program:

Strongly Recommend   
  Recommend   
  Recommend with Reservation (Why? \_\_\_\_\_)   
  Do Not Recommend

Name \_\_\_\_\_

Date \_\_\_\_\_