



Office of Access/TRIO Programs  
Case Western Reserve University

Dear Teacher/Counselor:

One of your students has applied for admission to the **Case Western Reserve University Upward Bound Program** and requests that you complete the attached Upward Bound Recommendation Form on his/her behalf. We would greatly appreciate it if you would evaluate this candidate as objectively as possible. It is important that we have a thorough evaluation of the student's academic strengths and weaknesses.

Please mail the completed **UB Science Recommendation Form** to our office at 10900 Euclid Avenue, Yost Hall, Room 131, Cleveland, Ohio 44106-7045 or fax to (216) 368-1267. You may also return the **UB Recommendation Form** to the student in a sealed envelope to submit with his/her completed student application.

Should you have any questions or concerns, please feel free to contact the Upward Bound Staff at (216) 368-3750.

Sincerely,

Debra K. Gardenhire  
Director

(See Reverse Side – Recommendation Letter)

**UPWARD BOUND PROGRAM  
OFFICE OF ACCESS/TRIO PROGRAMS  
CASE WESTERN RESERVE UNIVERSITY**

**TEACHER/COUNSELOR RECOMMENDATION FORM  
(SCIENCE TEACHER)**

**PART A:**

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

Teacher/Counselor: \_\_\_\_\_

How long have you known the student?

\_\_\_\_\_ less than 1 yr. \_\_\_\_\_ 1 yr. \_\_\_\_\_ 2 yrs \_\_\_\_\_ 3 yrs \_\_\_\_\_ 4 yrs.

What classes, if any has this student taken with you?

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

Please rate the student according to your observation or knowledge:

	Poor	Fair	Average	Good	Excellent	N/A
1. Attitude towards school work.	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
7. Concern for other/interpersonal skills	1	2	3	4	5	0
8. Goals orientation	1	2	3	4	5	0
9. Academic ambition	1	2	3	4	5	0
10. Ability to perform pre-college work	1	2	3	4	5	0

**PART B:**

1. Does the student possess the academic ability to earn a college degree?  
( ) Yes ( ) No

Teacher/Counselor's Signature \_\_\_\_\_ Date: \_\_\_\_\_