

**SIMMONS COLLEGE UPWARD BOUND MATH/SCIENCE PROGRAM**  
**Teacher or Counselor Recommendation**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

High School \_\_\_\_\_

Teacher/Counselor's Name \_\_\_\_\_ Dept. \_\_\_\_\_

The Upward Bound Math/Science Program seeks your evaluation of the above named student's performance, academic and personal, in and out of the classroom in the categories listed below.

	Excellent	Very Good	Good	Fair	Unsatisfactory
Creative, original thought	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____
Independence, initiative	_____	_____	_____	_____	_____
Intellectual ability	_____	_____	_____	_____	_____
Academic achievement	_____	_____	_____	_____	_____
Writing ability	_____	_____	_____	_____	_____
Class participation	_____	_____	_____	_____	_____
Discipline	_____	_____	_____	_____	_____
Summary	_____	_____	_____	_____	_____

We would also appreciate any general comments you would like to make about this student:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_