

MATH/SCIENCE RECOMMENDATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ High School: \_\_\_\_\_

\*You may change the grade and school using the drop-down feature.

Dear Teacher,

This student is applying for admission into the Volunteers of America Upward Bound Program.

Please complete this form and return it to the student. This form is intended to help us determine academic need or improvement in your course area. Thank you for your time.

Grade at last progress report: \_\_\_\_\_

I. Please rate the student's skills and/or deficiencies in each of the following areas (to change your rating, click a different option):

	Outstanding	Above Average	Average	Below Average
Organizing information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presenting ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of resource material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Please check **ALL** of challenges below that may apply to the student

- \_\_\_ High interest in a math and/ science
- \_\_\_ Student unable to explain and apply mathematical concepts and interpret and carry out mathematical procedures
- \_\_\_ Diagnosed learning disability
- \_\_\_ Low grade point average
- \_\_\_ Low standardized test scores
- \_\_\_ Low educational aspirations
- \_\_\_ Lack of opportunity or support in taking challenging course work
- \_\_\_ Lack of career goals and/or need for accurate career information
- \_\_\_ Lack of confidence, self-esteem, or social skills
- \_\_\_ Low income family and/or community
- \_\_\_ Other: \_\_\_\_\_

Please identify and provide areas in which we can further assist this student in a tutorial setting.

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

Please comment on your perception of this student's maturity, cooperation, reliability, attendance, and motivation to succeed academically:

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

Name of Instructor: \_\_\_\_\_

Title:

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

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

Email: