Shawnee State University
Teacher Recommendation for Student Participation in Upward Bound Math & Science

Student: Please read, fill in address and sign the following statement before giving this form to your Teacher. Your Teacher will return this form to us in the enclosed postage paid, self addressed envelope or return it to the UBMS In-School Coordinator.

“I hereby waive all rights to see this recommendation form when completed.”

Student Signature: _________________________________ Date: __________________

Student Name: ________________________________ Address: __________________
City: ___________________________ Zip Code: ________ Home Phone: ______

Teacher Name: _______________________________ Subject: ____________________

Length of Time you have known student: ______________________________________

UBMS is a program designed to generate knowledge, skills and motivation for success in post secondary school. Participants should have the ability to succeed in post secondary school even though they may not now be demonstrating all of the characteristics of successful students. Please rate this student by circling the appropriate response to these statements.

1-Strongly Agree  2-Agree  3-Neither agree/disagree  4-Disagree  5-Strongly disagree

1. Expresses interest in academic endeavors
2. Demonstrates responsible behavior
3. Relates well to peers
4. Cooperates with school staff
5. Is dependable and reliable
6. Would benefit from academic support services
7. Needs expanded cultural awareness
8. Would benefit from career guidance and information
9. Has good attendance/punctuality record
10. Will be successful in college endeavors

Students chosen to participate in the UBMS program must demonstrate academic need in two of the following areas. Please indicate with a 1 the primary academic need of the applicant and with a 2 the secondary academic need of the applicant.

<table>
<thead>
<tr>
<th>Low educational aspirations</th>
<th>Lack of confidence, self-esteem, and/or social skills</th>
<th>Rural Isolation</th>
<th>Diagnosed learning disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited English Proficiency</td>
<td>Predominately low-income community</td>
<td>Interest in career in math or science</td>
<td>Lack of opportunity, support, and/or guidance to take challenging college prep courses</td>
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</table>

Signature of Teacher: _________________________________ Date: __________________

This is an important part of the student application for UBMS. Please return to us as soon as possible for student to be eligible for this UBMS academic year. Please return to the UBMS In-School Coordinator or Mail to: Upward Bound Math & Science Program Shawnee State University 940 Second Street Portsmouth, Ohio 45662