

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

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.

<input type="checkbox"/> Low educational aspirations	<input type="checkbox"/> Lack of confidence, self-esteem, and or social skills	<input type="checkbox"/> Rural Isolation	<input type="checkbox"/> Diagnosed learning disability
<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Predominately low-income community	<input type="checkbox"/> Interest in career in math or science	<input type="checkbox"/> Lack of opportunity, support, and/ or guidance to take challenging college prep courses
<input type="checkbox"/> Lack of career goals and/or need for accurate information on careers.	<input type="checkbox"/> Other (please provide a specific description and relate to academic need)		

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**