

Part VI: School Counselor Recommendation

To be completed by your school counselor

Counselor's Name _____
Student's Name _____ Current Grade 9 10 11 12

High School _____ How long have you known the student? _____

Which best describes the student's high school curriculum?
_____ college preparatory _____ general _____ vocational or technical
_____ other (please explain) _____

How would you rate the student's attendance?
_____ excellent _____ good _____ fair _____ poor

How would you rate the student's general conduct?
_____ excellent _____ good _____ fair _____ poor

What is the present reading level of the student?
_____ above grade level _____ at grade level _____ below grade level

Please select the subject areas in which you feel this student has an academic need (please include courses in which the student needs credit or subjects in which the student would benefit from enhancement):

_____ Writing _____ Reading _____ Math
_____ Science _____ Foreign Language _____ History
_____ Career Information _____ Self-concept _____ Edu. planning
_____ Other (please specify) _____

Does this student have the potential for college success Yes No

Would this student take full advantage of college preparatory assistance? Yes No

Why or why not?

Please make any additional comments that would help us evaluate this applicant.

Would you recommend this student for the Northwest Missouri State University Upward Bound Math/Science program?

_____ highly recommend _____ recommend _____ not recommend

Student's Previous Year's GPA is _____/4.00. Student's class rank is _____ of _____.
Student's 8th MAP Reading/LA score(s) were _____. Student's 8th MAP Math score(s) were _____.
Student's 1st ACT Composite Score _____ Student's 2nd ACT Composite Score _____
Students Aspire Composite Score _____

Important! Please return a copy of the following items with this form:

- 1. Student's official high school transcript
- 2. Student's most current high school four-year plan
- 3. Student's most recent report card/progress report
- 4. A copy of student's middle school academic record

Please sign below and attach this form to the other required forms. Please insert all forms in an envelope and return this evaluation directly to the Upward Bound Math/Science office by **Wednesday, October 31st, 2018.**

Signature of Counselor _____ Date _____