



CONFIDENTIAL

GUIDANCE COUNSELOR/TEACHER RECOMMENDATION FORM

The student named below has applied to the TRIO Upward Bound Program at North Shore Community College. We would appreciate your candid evaluation of the applicant.

Student: FIRST NAME School:		LAST NAME Counselor:				
Please assess the student i	n each of th	e areas lis	ted belov	w.		
	Unable to Evaluate	Poor				Excellent
Overall academic potential:	N/A	1	2	3	4	5
Motivation:	N/A	1	2	3	4	5
Self-reliance:	N/A	1	2	3	4	5
Perseverance:	N/A	1	2	3	4	5
Ability to get along with others:	N/A	1	2	3	4	5
Self-confidence:	N/A	1	2	3	4	5
Regard for rules/regulations	N/A	1	2	3	4	5
Personal integrity:	N/A	1	2	3	4	5
Please provide any additional con	nments concer	ning the app	olicant's pot	ential to suc	cceed in Up	oward Bound
Overall assessment of this student: Highly recommend Recommend with reservati Do not recommend I would like to discuss this s	ons (explain ak		ound staff m	nember.		
Counselor/Teacher's Signature:						

Please return this recommendation to the applicant, or mail to: Upward Bound, North Shore Community College, One Ferncroft Road, Danvers, MA, 01923. If you have any questions, please call us at 781-477-2161.