AUSTIN PEAY STATE UNIVERSITY
HIGH SCHOOL UPWARD BOUND PROGRAM
MATH TEACHER'S RECOMMENDATION

This page is to be completed by your **math teacher** and can be returned, by the teacher, to your guidance counselor or mailed separately to Upward Bound, APSU PO Box 4427, Clarksville, TN 37044.

_____ _____ _____
Student's Name School Grade

Please rate the applicant's qualifications by checking and/or commenting.
1. Present Grades: _____

2. Do you believe this student could successfully complete two or four years of post-secondary education if he/she received extra academic help while in high school? ___ Yes ___ No

3. Shows respect to: Teachers ___ Yes ___ No ; Classmates/Peers ___ Yes ___ No

4. Attendance to date: ____ Absences ____ Tardies

5. Disciplinary Evaluation: Has the applicant been involved in any disciplinary problems?
___ Yes ___ No If yes, please explain:

6. Does the applicant complete homework/class work regularly?
___Always ___Sometimes ___Seldom ___ Never

Please rank the following (1 - poor, 5 - superior, UNK – unknown):

Social Maturity	2	Problem Solving Skills	Select one
Leadership Potential	3	Critical Thinking Skills	Select one
Reliability	5	Motivation	Select one
Academic Potential	Select one	Parental Involvement	Select one

Comments:

Overall Recommendation (0 – Do not recommend; 5 – highly recommend): Select one

_____ _____ _____ _____
Teacher Name Teacher Signature Title/Position (please print) Date

Reset Fields Print Form