

**TEACHER OR COUNSELOR RECOMMENDATION FORM**

**Please complete and return this form to:**

Upward Bound Program  
Elizabeth City State University  
1704 Weeksville Road  
Campus Box 785  
Elizabeth City, NC 27909

**Or the completed form can be scanned and emailed to:**

Dr. Kimberly Stanley, Program Coordinator  
[kdstanley@ecs.edu](mailto:kdstanley@ecs.edu)

**Student's Name** \_\_\_\_\_

**Please check each of the following as it relates to your knowledge of the above-named student.**

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>Academic Ability</b>				
<b>Leadership</b>				
<b>Reliability</b>				
<b>Attendance/Punctuality</b>				
<b>Cooperativeness</b>				
<b>Behavior/Classroom Demeanor</b>				
<b>Attitude</b>				

**What comments can you make regarding the applicant's ability to benefit from the Upward Bound Program?**

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**Your Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**School Name** \_\_\_\_\_ **Subject Taught/Position** \_\_\_\_\_