



# UPWARD BOUND



# APPLICATION



**TRIO programs, funded under Title IV of the Higher Education Act of 1965, help students overcome social, academic and cultural barriers to higher education.**

## South Arkansas Community College Upward Bound Program

The following information describes the Upward Bound (UB) Program, explains what it does, who qualifies for it, the commitment participants must make, and how the selection process works.

### WHAT IS UPWARD BOUND?

- **UB is a federally funded program, sponsored by the Department of Education.** The program targets, select, and help qualified students that have the desire and potential to succeed in college and reach their goals.
- **ALL of the services and activities provided by UB are at NO COST** to participants or their families. The resources used are viewed as an investment in each student's future. The UB Program based at South Arkansas Community College (SouthArk) in El Dorado will work with sixty-three students selected from applicants at El Dorado High School.

### WHAT DOES UPWARD BOUND DO?

- **The UB program assists selected participants** in completing secondary school, enrolling in post-secondary school, and completing a bachelor's degree by providing intense academic, career, personal, and financial advising.
- **It also provides academic instruction** in literacy, mathematics, social science, and science, as well as tutorial services. Additionally, it helps participants obtain college credit courses at SouthArk after their junior year of high school.

### WHO QUALIFIES FOR UPWARD BOUND?

- **Students selected for the UB program must meet family income guidelines** as set forth by the federal government.
- **Additionally, neither parent may possess a four-year college degree.**

**WHAT COMMITMENTS DO UB PARTICIPANTS MAKE?** UB participants must make a commitment to the program.

- **Meet eighteen (18) Saturdays during the academic year, students meet at SouthArk** to work with academic instructors, prepare for ACT testing, travel to college campuses, and participate in other exciting social, recreational, and civic activities.
- **Attend a six-week academic program during the summer** on the SouthArk campus. As long as they meet the requirements of the program, participants remain in Upward Bound until graduation. UB students receive a participation stipend based on consistent participation.
- **Meet once monthly for Success Seminar** presented by various guest speakers.

### HOW ARE PARTICIPANTS SELECTED?

- **Family income and parental education.** We interview qualified applicants and parents. This is an informal and comfortable process, which takes about half an hour. Afterwards we make final selections. Please keep in mind that we only accept 63 students.

**If you have any additional questions, feel free to call Barbara Howell (870) 864-7100, Roy Williams (870) 864-8407 or Martha Dunn (870) 864-8409 or contact your student's guidance counselor.**

## South Arkansas Community College Upward Bound Program

### Instructions and Information

The Student portion of the application *must be completed by the student* and the Parent/Guardian portion *must be completed by the parent/guardian*. **All sections of this application must be completed.**

What if I have Questions or need Help? **If you have questions or need help, please talk with your guidance counselor, call Barbara Howell (870) 864-7100, Roy Williams (870) 864-8407 or Martha Dunn (870) 864-8409. To complete your application, please provide only the information requested in the following Application Checklist. Turn the completed packet in to your guidance counselor.**

#### *Application Checklist*

The following application checklist provides the sections of the application you and your parent(s)/guardian(s) must complete.

Return the *Student/Parent(s) or Guardian(s)* sections of the completed *South Arkansas Community College Upward Bound Application Form* to your counselor or to the Upward Bound Student Success Coach on your campus.

#### *Student/Parent(s) or Guardian(s) Section:*

**Students and parent(s) or guardian(s) should provide all information in this section, which contains the following pages:**

- Student Information
- Medical Information
- Parent/Guardian Information
- Current Year W2 Form or Taxes
- Information Release
- Essay/Autobiography
- Questionnaire
- Upward Bound Student Contract
- English Teacher
- Math Teacher
- Science Teacher
- Guidance Counselor

This application includes a reference form for your English, Math, Science teachers, and guidance counselor to complete. You do not have to collect these forms. They will be completed and returned to the Guidance Office.

After we receive your completed application, we will review it. If you qualify, we will mail you or call you to set up an interview with you and your parent(s) or guardian(s). Once the interviews are

**Please notify Upward Bound staff ASAP if student's custody/guardianship or residence changes.**

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completed, we will make final selections. Regardless of whether or not you have been accepted you will receive a letter welcoming you to the program or explaining to you why you were not selected.

### Student Information

Provide the following information as requested. Please print all written responses. Circle or check other answers as appropriate. If you have questions about completing the application, please contact your guidance counselor or the Student Success Coach on your campus.

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle (Required)

What is your preferred name? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Elementary School: \_\_\_\_\_ Middle School: \_\_\_\_\_

Junior High School: \_\_\_\_\_ High School: \_\_\_\_\_

Did you repeat a grade?  Yes (If yes which grade?) \_\_\_\_\_  No In what grade are you currently? \_\_\_\_\_

Gender:  Male  Female T-Shirt Size  Ethnic Origin:

Are you:  a U.S. citizen  African American/Black  
 an eligible non-citizen (please attach a copy of your immigration documentation)  Asian  
 Other \_\_\_\_\_  Caucasian  
 Hispanic/Latin American  
 Native American

What is the primary language(s) spoken in your home?  English  English/Spanish  Other: \_\_\_\_\_

How did you hear about this program?  Guidance Counselor  Teacher  UB STAFF  Other \_\_\_\_\_

What do you plan to do after you graduate high school? (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Attend a four-year college            | <input type="checkbox"/> Attend a community college for a one or two year degree |
| <input type="checkbox"/> Enroll in a technical college program | <input type="checkbox"/> Enlist in the military                                  |
| <input type="checkbox"/> Get a job                             | <input type="checkbox"/> Attend a trade school                                   |
| <input type="checkbox"/> Other (Please Specify) _____          |  |

In what areas can Upward Bound help you? (Use numbers and rank all the following that apply to you in order of importance with 1 being the most important and 14 being the least important).

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Manage my time         | <input type="checkbox"/> Improve my grades          | <input type="checkbox"/> Prepare for tests               |
| <input type="checkbox"/> Choose a career        | <input type="checkbox"/> Build my self-esteem       | <input type="checkbox"/> Explore ways to pay for college |
| <input type="checkbox"/> Visit new places       | <input type="checkbox"/> Meet new people            | <input type="checkbox"/> Learn about college options     |
| <input type="checkbox"/> Develop new interests  | <input type="checkbox"/> Learn about other cultures | <input type="checkbox"/> Study skills                    |
| <input type="checkbox"/> Visit college campuses | <input type="checkbox"/> Other _____                |  |

What courses have you taken or are you currently taking? (Check all that apply)

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Algebra I  | <input type="checkbox"/> Algebra AB         | <input type="checkbox"/> Biology                                 |
| <input type="checkbox"/> Algebra II | <input type="checkbox"/> Algebra CD         | <input type="checkbox"/> Chemistry                               |
| <input type="checkbox"/> Geometry   | <input type="checkbox"/> Integrated Algebra | <input type="checkbox"/> Pre AP or AP classes (List course name) |

**South Arkansas Community College Upward Bound Program**

Geometry Investigation

Physical Science

What obstacles or difficulties, if any, do you face that may affect your educational and career plans?

**MEDICAL HISTORY & CONSENT FOR TREATMENT & TRAVEL**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

A.M. Phone # \_\_\_\_\_ P.M. Phone# \_\_\_\_\_

IN CASE OF EMERGENCY, if parent cannot be reached, name of person to notify or to whom we can release student:

Name \_\_\_\_\_ A.M. Phone# \_\_\_\_\_ P.M. Phone# \_\_\_\_\_

**UNDER NO CIRCUMSTANCES SHOULD STUDENT BE RELEASED TO:** \_\_\_\_\_

**CIRCLE BELOW ALL OF STUDENT'S PRESENT OR PAST ILLNESSES/CONDITIONS:**

- |              |             |               |                         |                      |
|--------------|-------------|---------------|-------------------------|----------------------|
| Asthma       | Eyeglasses  | Sleepwalking  | Swimmer's/Abscessed ear | Mumps                |
| Convulsions  | Contacts    | Bed wetting   | Frequent colds          | Frequent sore throat |
| Tuberculosis | Chicken Pox | Heart trouble | Kidney trouble          | Polio                |
| Diabetes     | Measles     | Bronchitis    | Sinusitis               | Rheumatic fever      |

Of the above, these are current or recurring: \_\_\_\_\_

Please list all current medication? \_\_\_\_\_

ALLERGIES: Bee/wasp stings \_\_\_ drugs \_\_\_\_\_ foods (specify) \_\_\_\_\_ other (specify) \_\_\_\_\_

Recently exposed to contagious disease: Yes \_\_\_ No \_\_\_ If yes, which? \_\_\_\_\_

Are you currently receiving therapy? Yes \_\_\_ No \_\_\_ If yes, which one: \_\_\_ physical \_\_\_ mental \_\_\_ rehabilitation

Has student been hospitalized within the past 5 years? Yes \_\_\_ No \_\_\_.

Describe physical conditions requiring restrictions for participating in camp programs: \_\_\_\_\_

Is student currently being treated by a physician for an existing illness or condition? **Yes** \_\_\_ **No** \_\_\_

If yes, explain

Name of student's physician or healthcare provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is student covered by health insurance? Yes \_\_\_ No \_\_\_

Policy type: \_\_\_\_\_ Insurance Company : \_\_\_\_\_

Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\*If the student is covered by TEA, Social Security, or S.S.I., please attach a copy of the medical card to this form.

Family's physician \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent's physician \_\_\_\_\_ Phone#: \_\_\_\_\_

Parent's Insurance Company \_\_\_\_\_ Member#: \_\_\_\_\_

Insurance Company's address \_\_\_\_\_ Phone#: \_\_\_\_\_

**Medical Release**

I hereby authorize the UPWARD BOUND Program to provide emergency medical and dental services for my child

I will not in any way hold South Arkansas Community College or the Upward Bound Program responsible for any treatment or medication deemed necessary for medical or dental services.

## South Arkansas Community College Upward Bound Program

PARENT/GUARDIAN

SIGNATURE \_\_\_\_\_

Print Parent/Guardian name \_\_\_\_\_

Date \_\_\_\_\_

**Upward Bound participants are not allowed to share his/her medication nor take medication that belongs to other students.**

**TRAVEL CONSENT:** I hereby give my consent to the Upward Bound Program to take my son/daughter on outings sponsored by the program. Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Employer Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Employer Number \_\_\_\_\_

For Family with more than eight members, add the following amount for each additional family member. \$6,630  
 For the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$8,295 for Alaska; and \$7,620, for Hawaii.

I certify by signing below that the above information is correct and that *any false or misleading information may result in disqualification of the applicant.*

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Effective January 15, 2020 until further notice)**

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Alaska	Hawaii
<b>1</b>	\$19,140	\$23,925	\$22,020
<b>2</b>	\$25,860	\$32,325	\$29,745
<b>3</b>	\$32,580	\$40,725	\$37,470
<b>4</b>	\$39,300	\$49,125	\$45,195
<b>5</b>	\$46,020	\$57,525	\$52,920
<b>6</b>	\$52,740	\$65,925	\$60,645
<b>7</b>	\$59,460	\$74,325	\$68,370
<b>8</b>	\$66,180	\$82,725	\$76,095

**1. If you are employed and filed an income tax return, please indicate yearly wages \$ \_\_\_\_\_**  
 (a copy of your most recent Income Tax Return is required; W-2 forms are not accepted)

**2. If you are not employed and did not file a tax return, please complete the following for the most recent year:**

Social Security/SSIS _____	Pension/Retirement _____
TEA \$ _____	VA/GI Bills _____
Unemployment _____	Food Stamps \$ _____
Other (specify) \$ _____	

## South Arkansas Community College Upward Bound Program

Number of family members in household: Adults \_\_\_\_\_ Children \_\_\_\_\_

Is either parent a graduate of a four-year college or university with a Bachelor's Degree? Yes \_\_\_ No \_\_\_

### Information Release

Please print your first name, middle initial, and last name where indicated in the following release statement. Afterwards, both student and parent(s) or guardian(s) must sign and date this request.

I (First Name) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last Name) \_\_\_\_\_  
authorize South Arkansas Community College Upward Bound Program and El Dorado High School to release and/or receive copies of my son's/daughter's/ward's academic records, including, but not limited to transcripts, grade reports, test scores, evaluations, attendance and medical records, disciplinary actions, and other records necessary to for participation in the program. This information may be used for any federal reports of the Upward Bound program. These records will remain confidential and will only be used by the Upward Bound staff. This release is to be effective throughout my high school and college career, and will end upon college graduation or termination from the Upward Bound program.

Student Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parental Release for Student Travel and Photo Release

I authorize the Upward Bound Program to provide transportation for my child \_\_\_\_\_ to program activities. I hereby release the Upward Bound Program and South Arkansas Community College from any responsibility for any criminal act of malice, vandalism, theft, or any other unlawful behavior during trips sponsored by the Upward Bound Program.

The South Arkansas Community College Upward Bound has my permission to use my or my child's photograph publically to promote the South Arkansas Community College Upward Bound. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**South Arkansas Community College Upward Bound Program**  
A FEDERALLY FUNDED PROGRAM

TRIO programs, funded under TITLE IV of the Higher Education Act of 1965, helps students overcome social, academic and cultural barriers to higher education.

## South Arkansas Community College Upward Bound Program

### Essay/Autobiography

Please write a short autobiographical essay of your life history. *The information you include here is confidential and is essential in consideration for selection in the Upward Bound Program.* If you require additional space you may write on the back of this page or attach an additional sheet of paper. Be concise and include the following information.

- Family, people or events that have had a significant impact on your life
- Personal goals, hopes and dreams
- Career interests
- Why you want to be a part of the Upward Bound Program



**South Arkansas Community College Upward Bound Program**

- School Activities, hobbies, likes, dislikes and anything else that will help us to get to know you better

# South Arkansas Community College Upward Bound Program

## Questionnaire

Name four friends whom you most admire and why.

1. \_\_\_\_\_

Why?

2. \_\_\_\_\_

Why?

3. \_\_\_\_\_

Why?

4. \_\_\_\_\_

Why?

## South Arkansas Community College Upward Bound Program

Identify two places in Arkansas you would like to visit.

1. \_\_\_\_\_

2. \_\_\_\_\_

Identify two places in the United States you would like to visit.

1. \_\_\_\_\_

2. \_\_\_\_\_

Identify two places in other countries you would like to visit.

1. \_\_\_\_\_

2. \_\_\_\_\_

**South Arkansas Community College Upward Bound Program**

**UPWARD BOUND STUDENT CONTRACT**

- I agree to achieve and maintain a 2.5 Grade Point Average
- I agree to contact Upward Bound if there is a change in my class schedule, my home address or phone number, and/or if my family plans to move from the target area.
- I agree to seek help with academic or personal problems if needed.
- I agree to attend school regularly and not miss more than 8 days of school per semester.
- I agree to participate in tutoring sessions as needed and/or recommended by my counselor or teacher.
- I agree to achieve my goals that have been set up with the help of UPWARD BOUND.
- I agree to take advantage of special UPWARD BOUND activities, like the Saturday Academy, Summer Scholars Academy, UB Success Seminars, career fairs, college visits, financial aid workshops, and other activities the staff implement.
- I agree to enroll in a postsecondary educational institution upon graduation from high school.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

# South Arkansas Community College Upward Bound Program

## English Teacher Reference

Student Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Course \_\_\_\_\_

Teacher Name \_\_\_\_\_

Teacher: The applicant above has applied to the SouthArk Upward Bound Program. Please answer the following questions and evaluate this student as objectively as possible. All information is confidential. If you have questions, please call Barbara Howell (870) 864-7100, Roy Williams (870) 864-8407 or Martha Dunn (870) 864-8409. Thank you for your assistance.

**Important:** After completion, please return this form to the school guidance counselor as soon as possible. **Do not return to the student.**

Yes No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you feel that this student had/has an adequate background for this class?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did/Does this student ask for additional help?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did/Does this student take adequate notes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did/Does this student have a positive attitude in this class?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did/Does this student complete and turn in homework assignments consistently?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you feel that this student knows how to study?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did/Does this student demonstrate punctuality?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did/Does this student cooperate with school officials?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Has this student expressed an interest in post-secondary education?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you feel that this student has acceptable social skills?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you feel that this student has a need for more cultural awareness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. To the best of your knowledge, does this student have any illegal habits?<br>(for example, underage tobacco use, alcohol, drugs, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you feel that this student has the potential to succeed in college?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you feel that this student interacts well with his/her peers?   |
|                          |                          | 15. What services would you recommend for this student to prepare him/her for high school and/or college?                                  |

16. How would you rank this student on a 1- 10 scale, with 10 being the highest? \_\_\_\_\_  
(Please make comments as needed. If you require additional space you may write on the back of this page)

# South Arkansas Community College Upward Bound Program

Teacher Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Math Teacher Reference

Student Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Course \_\_\_\_\_

Teacher Name \_\_\_\_\_

Teacher: The applicant above has applied to the SouthArk Upward Bound Program. Please answer the following questions and evaluate this student as objectively as possible. All information is confidential. If you have questions, please call Barbara Howell (870) 864-7100, Roy Williams (870) 864-8407 or Martha Dunn (870) 864-8409. Thank you for your assistance.

**Important:** After completion, please return this form to the school guidance counselor as soon as possible. **Do not return to the student.**

Yes      No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you feel that this student had/has an adequate background for this class?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did/Does this student ask for additional help?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did/Does this student take adequate notes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did/Does this student have a positive attitude in this class?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did/Does this student complete and turn in homework assignments consistently?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you feel that this student knows how to study?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did/Does this student demonstrate punctuality?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did/Does this student cooperate with school officials?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Has this student expressed an interest in post-secondary education?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you feel that this student has acceptable social skills?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you feel that this student has a need for more cultural awareness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. To the best of your knowledge, does this student have any illegal habits?<br>(for example, underage tobacco use, alcohol, drugs, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you feel that this student has the potential to succeed in college?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you feel that this student interacts well with his/her peers?   |
|                          |                          | 15. What services would you recommend for this student to prepare him/her for high school and/or college?                                  |

16. How would you rank this student on a 1- 10 scale, with 10 being the highest? \_\_\_\_\_  
(Please make comments as needed. If you require additional space you may write on the back of this page)

Teacher Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# South Arkansas Community College Upward Bound Program

## Science Teacher Reference

Student Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Course \_\_\_\_\_

Teacher Name \_\_\_\_\_

Teacher: The applicant above has applied to the SouthArk Upward Bound Program. Please answer the following questions and evaluate this student as objectively as possible. All information is confidential. If you have questions, please call Barbara Howell (870) 864-7100, Roy Williams (870) 864-8407 or Martha Dunn (870) 864-8409. Thank you for your assistance.

**Important:** After completion, please return this form to the school guidance counselor as soon as possible. **Do not return to the student.**

Yes No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you feel that this student had/has an adequate background for this class?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did/Does this student ask for additional help?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did/Does this student take adequate notes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did/Does this student have a positive attitude in this class?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did/Does this student complete and turn in homework assignments consistently?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you feel that this student knows how to study?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Did/Does this student demonstrate punctuality?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did/Does this student cooperate with school officials?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Has this student expressed an interest in post-secondary education?   |
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| <input type="checkbox"/> | <input type="checkbox"/> | 12. To the best of your knowledge, does this student have any illegal habits?<br>(for example, underage tobacco use, alcohol, drugs, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you feel that this student has the potential to succeed in college?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you feel that this student interacts well with his/her peers?   |
|                          |                          | 15. What services would you recommend for this student to prepare him/her for high school and/or college?                                  |

16. How would you rank this student on a 1- 10 scale, with 10 being the highest? )  
(Please make comments as needed. If you require additional space you may write on the back of this page)

Teacher Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

South Arkansas Community College Upward Bound Program

Guidance Counselor

STUDENT RATING SCALE
(To be completed by Counselor)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

I. ACADEMIC DATA

Current GPA \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ Total Number of units \_\_\_\_\_

II. TEST DATA:

Please provide copies of: ACT ASPIRE and any other current test data that would assist the Upward Bound staff in developing an appropriate individual instruction plan.

III. COUNSELOR OBSERVATIONS:

Keeping in mind the Upward Bound goal, which is to generate the skills and motivations essential to achieving success in postsecondary education, please respond to the following:

A. Please assess this student's ability to follow rules and regulations (please identify significant disciplinary problems encountered)

[Empty box for response to A]

B. Would you classify this student as:

At risk \_\_\_ Yes \_\_\_ No If yes, please explain

[Empty box for response to B]

Gifted and talented \_\_\_ Yes \_\_\_ No Please identify areas

[Empty box for response to Gifted and talented]

Learning Disabled \_\_\_ Yes \_\_\_ No If yes, please define disability/disabilities and indicate the extent

[Empty box for response to Learning Disabled]

In what way can Upward Bound best address this student needs?

[Empty box for response to Upward Bound needs]

Relate this student's potential for success in secondary education

[Empty box for response to potential for success]

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

NOTE: PLEASE ATTACH A COPY OF CURRENT TRANSCRIPT.