Counselor Evaluation

Student Name: _	Last	First	Middle	Student Number:
I hereb	y consent release	of my secondary aca	ndemic and student recor	ds to the Upward Bound Program.
Student Name			Signature	Date
Parent/ Guardian Name			Signature	Date

The student and parent should not write below this line.

The above named student has applied for admission to the Waubonsee Upward Bound Program, a college completion program serving students at East Aurora High School and West Aurora High School. The program assists potential first generation college students who reside in limited income households. Upward Bound provides the support and motivation necessary to graduate high school and earn a post-secondary degree. Students participate until they graduate from high school and receive all services at no cost. Students are not required to attend Waubonsee Community College. Upward Bound is funded by the U.S. Department of Education and is a department within Student Development at Waubonsee Community College.

For more information, contact the TRIO Upward Bound Manager at (630) 466-6800, upwardbound@waubonsee.edu, or visit waubonsee.edu/upwardbound

Please assist us in evaluating this student by completing this evaluation form, and attaching a copy of the student's unofficial transcript, most recent standardized test scores, and IEP / Section 504 Plan summary if applicable. You may return the recommendation form and documents to the student for submission, send via e-mail, or interoffice to Waubonsee Upward Bound at EAHS / WAHS.

Waubonsee does not discriminate on the basis of any individual's actual or perceived characteristic protected by law in its programs or activities. Inquiries regarding this policy may be directed to: Michele Needham, Title IX/ADA/Section 504 Coordinator, Route 47 at Waubonsee Drive, Sugar Grove, IL 60554, compliance@waubonsee.edu.

Staff Name:	Title:	
School:		 -
E-mail Address	Office Phone	
How long have you known the student?		

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Current Grade Level:	Cumulative GPA:	Class	Class Rank:/				
Did the student achieve proficiency in mat	h on the most recent standa	ardized assessment? Yes	□No				
Did the student achieve proficiency in reac	ling / language arts on the r	nost recent standardized as	ssessment? Yes No				
Standardized Assessment:		Semester / Year:					
What is the students overall academic perf	ormance? Poor	□ Average □ Goo	od Excellent				
What type of curriculum is the student enre ☐ Special Education ☐ Development		☐ Regular and Advan	ced Advanced				
Has the student had any discipline or behavioral issues in the previous 12 months? ☐ Yes ☐ No If yes, please indicate below and include a copy or summary.							
□ Aggressive Behavior □ Disobey Staff Directives □ Excessive Absences/Tardies □ Gang Activity □ Interference / Disruption of Educational Function □ Trespassing □ Vandalism / Property Damage / Theft □ Electronic Device □ Misuse of Technology □ □ □ ■ What are the student's habits with regard to attendance and punctuality?							
□ No Issues □ Occasional / Monthly Issue □ Frequent / Weekly Issue □ Daily Issue							
What is the student's level of maturity? ☐ Below Average ☐ Average ☐ Above Average ☐ No Opinion Does the student have an Individualized Education Program (IEP) or a Section 504 Plan? ☐ Yes ☐ No If yes, please attach a complete copy including the most recent review.							
Please indicate any academic, personal, or student's application:	family circumstances we s	hould take into considerati	on when considering this				
Recommendation:							
☐ Do not recommend ☐ Recommend	with reservations	☐ Recommend	☐ Highly recommend				
Staff Name	Signature	,	Date				



