

Counselor Assessment of Student Needs

MUST BE COMPLETED BY HIGH SCHOOL COUNSELOR

Name of High School Counselor: _____ Grade Level: _____
 Name of Student: _____ High School ID#: _____
 Cumulative GPA: _____ Current Semester GPA: _____
 Highest English Course & Grade: _____ / _____ Highest Math Course & Grade: _____ / _____
 English Language Test Score: _____ Math Test Score: _____
 Total # of Credits Completed: _____ Migrant ID # (if applicable): _____

PLEASE ATTACH A COPY OF TEST SCORES & TRANSCRIPTS

The above named student is applying to Fresno State’s Upward Bound Program. Please assist us by evaluating the needs of the student. We are looking for motivated students who have the desire to go to college and overcome social, personal, and academic barriers.

	Outstanding	Average	Needs Improvement	No Basis for Evaluation
Motivation to do well in school				
Desire to attend college				
Leadership capabilities				
Academic readiness for postsecondary education				
Involvement in school activities				
Involvement in community activities				
Relationships with others				
Performance on Standardized Test Scores				
Student’s attendance at school				

What academic subject(s) does the student need assistance in? _____

How will he/she benefit from participating in the Upward Bound Programs? _____

How long have you known applicant? _____

Student has Limited English Proficiency (LEP)? Yes / No

(LEP means an individual whose native language is other than English and who has sufficient difficulty speaking, reading, writing, or understanding of the English language to deny that individual the opportunity to learn successfully in classrooms in which English is the language of instruction).

Recommendation

Are you aware of any current circumstances or problems that may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, learning disabilities, and/or health concerns)? If so, please explain.

Please give us your impression of this student. How would he/she benefit from the Upward Bound Programs, and how would he/she contribute to the success of the program? (Please comment freely upon the student's strengths, abilities, special talents, or special needs).

Which of the following best describes this student's high school academic curriculum?

- Academic/College Prep (A-G) General Courses (Non A-G) Remedial
 Honors Program (H/AP/IB) Vocational Other

What is the student's approximate class rank? Top 10% Top 25% Top 50% Below 50%

Please check the appropriate box and include any comments or explanations:

- Recommend:** _____
 Recommend with Reservation: _____
 Do Not Recommend: _____

Counselor's Name: _____

Signature: _____ **Date:** _____

Thank you for your assistance. If you have any question, please contact us. Please mail this form to the following address or return to the student:

Upward Bound Programs
California State University, Fresno
5240 N. Jackson Avenue, M/S UC 59 University Center #124
Fresno, California 93740
Phone: (559) 278-2693 or (559) 278-5796 Fax (559) 278-4306
www.fresnostate.edu/upwardbound

Thank you for your time.