

INFORMATION FOR RECOMMENDATIONS

Student Name: _____ Phone: _____

Student Email: _____

Please complete this form if you are requesting a counselor/teacher recommendation. We will keep a copy of this in your senior file in the case that you may need additional copies. If available, it is strongly suggested that you attach a resume.

1. What are your academic goals, such as institutions, course(s) of study, or degree(s) sought?
2. What is your anticipated future career job?
3. What has been the greatest influence(s) on making your anticipated career decision?
4. What courses have you taken that are specifically related to your planned course of study?
5. List any extra-curricular or community activities in which you have been actively involved. Indicate your years of involvement.
6. Describe leadership roles you have held in clubs, organizations, community or faith groups, employment, sports, etc. Be specific.
7. List any awards or honors you have received in or out of school.

(Continue on back of page)

8. List all of your work experiences. Include the employer, job description, and years employed.

9. What are your strengths and weaknesses? (For example, problem solving, writing, creative thinking. Do not list subject areas.)

10. What is your greatest personal accomplishment? Describe what you achieved and why you are proud of it.

11. Are there any unusual or personal circumstances that have affected your educational or personal experiences? Have they impacted your academic performance?

12. What has been the effect of the past four years on your personal growth? What are you expecting in terms of personal growth from the next four years?

13. Is there any other information you would like to include that could be helpful to someone in writing an effective letter of recommendation for you?

GPA _____

ACT _____

SAT _____