

**You cannot edit this form. Instead, make a copy (from the 'File' dropdown)
and then type in your responses.**

Date _____ Counselor _____

Student's Name _____

Name of parent completing form _____

Parent's Email Address _____

This form must be typed and **emailed** to your child's counselor.

PARENT QUESTIONNAIRE

SENIOR INFORMATION FOR COUNSELOR RECOMMENDATION

*Please type your answer below each question. Only include information you are comfortable with the counselor sharing with the schools your child is applying to. **This form and the student questionnaire must be submitted at least 10 school days prior to the earliest application deadline** (it is the student's responsibility to be aware of how school holidays may affect deadlines).*

List your child's 3 most distinguishing or most admirable qualities. Give a recent example for each.

What experiences have shaped his/her personality?

Describe a particular challenge or disappointment which your child has handled effectively.

What is your child passionate about outside of school?

Where/what type of setting do you see your child thriving in? How are the schools he/she is applying to a good fit?

How will your child stand out amongst other hardworking, qualified college applicants? Please provide a specific example or anecdote.

How do you see your child contributing to the college community?

Please tell us anything else about your child that you think we need to know. Are there any unusual circumstances that have affected your child's educational experience or personal life? If so, please explain.