



**Parent Name:**

**Parent's Email:**

**Date:**

**Student's Name:**

**Student ID#:** [Click here to enter text.](#)

**Counselor:** [Click here to enter text.](#)

*Any student needing a counselor recommendation, for any reason, must complete this assessment no later than **October 1<sup>st</sup>**. Recommendation letters are confidential communications between high school counselors and the college admissions office and/or scholarship committee. Counselors are not obligated to share the content of their recommendation letter with either the parent or the student.*

**List three adjectives that best describe your student and provide detailed examples.**

**List your student's strengths and weaknesses.**

[Click here to enter text.](#)

**Describe a major event that you see as the turning point in your student's development and explain why you view it as such.**

[Click here to enter text.](#)

**Describe an activity (extracurricular, athletic, community, etc.) to which your student has devoted extensive time and effort.**

**Are there any financial and/or personal limitations that could affect where your student applies?**

[Click here to enter text.](#)

**What can your student contribute to the school to which s/he is applying?**

[Click here to enter text.](#)