Letter of Recommendation Questionnaire

** Please complete and submit to your counselor **at least 30 days** prior to your college due date.

NAME: _____

Please check if you plan to apply: ☐ Early Decision ☐ Early Action

The information you provide will help me in writing your college recommendations. Please take this seriously and answer the questions thoroughly. The more information I have, the better job I can do in writing your recommendation. You may type your answers, print and staple them to his packet.

1. What type of institution are you considering? (ie: Large urban university, small liberal arts college, hospital school of nursing, technical college, etc.)

2. Please summarize the progress you've made with your college search. Have you identified schools to which you will apply? Have you visited any colleges? Have you had any interviews?

3. What are your favorite subjects and why?

4. What inspires you in life? What are your passions?

5. Are there any obstacles or struggles you've had to overcome in your high school career?

6. How have you grown or changed in these past three years?

7. Tell me two or three adjectives others would use to describe yourself and why. Do they differ from words you would use to describe yourself? How?

ANYTHING ELSE?

Is there anything special or unusual about your circumstances which I should know? Is there anything which should be explained or clarified by me in order to improve your chances for admission to the school of your choice?

Please Choose Your Counselor to Submit this Form

Ms. Jango-Cohen
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Dr. Sheridan
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