

PRE-RECOMMENDATION QUESTIONNAIRE

Name _____ ID _____ Date _____ Date Recommendation Needed _____

NOTE: **TWO WEEKS IS THE MINIMUM** TIME NEEDED TO COMPLETE A RECOMMENDATION. If the recommendation should be mailed, you must include an addressed, stamped envelope with this questionnaire. IF YOU HAVE A **RESUME**, PLEASE ATTACH IT TO THIS FORM.

1. Describe yourself as a person. _____

2. List ten adjectives that best describe you. _____

3. Describe yourself as a student. _____

4. List any specific, positive comments that a teacher has used to describe you, the grade(s) you received, and then teacher's name. _____

5. What are your educational plans, career plans and lifetime goals? BE SPECIFIC. _____

6. Complete the back side of this form, listing all extra-curricular activities (both in and out of school) you have participated in.

7. List any special recognition you have received. _____

8. Describe any church or community involvement on the back side of this form.

9. Is there anything else you want your teacher/counselor to highlight in the recommendation letter? _____

DATA SHEET

(YOU SHOULD HAVE ONE OF THESE COMPLETED FROM ADVISORY IN GRADE 11)

Activity	Grade Level or year of Participation 9/10/11/12	Approx. Number of Hrs. Spent Per Week	Positions Held or Honors Won	Do you Plan to Participate in College