

LCHS GUIDANCE DEPARTMENT
Student Questionnaire for Letters of Recommendations

Student _____

Date _____

Counselor _____

Reason for Letter of Recommendation _____

There are many questions on the next pages. Answer only those questions that you feel comfortable answering, or apply to you. The purpose of this questionnaire is to learn more about you so that we can write a good letter of recommendation.

Age: _____

Birth date: _____

Email Address: _____

Siblings (ages also): _____

Career Goals/Dreams:

After high school, I plan to...

My parent(s) want me to be...

My career goal after completing my training...

Do you know anyone in that career field?

Dad's educational background:

Mom's educational background:

Interests:

When I'm not in school or working, I like to...

My friends are primarily those from...

Activities:

School activities I like are...

Outside activities I like are...

School Perceptions:

Who is your favorite all-time teacher?

What subject do you like most in high school?

What has been your favorite class so far?

What words would your teachers use to describe you?

Personal Background:

What words would your parents use to describe you?

What words would your friends use to describe you?

What words would your grandparents use to describe you?

Part-time jobs held:

Community involvement:

Responsibilities you have:

What would you say are your best talents, your gifts?

What are some things you want to learn, but never have?

What is your favorite possession?

How do you like to spend Friday nights?

How do you like to spend Sunday nights?

How would you rate yourself on a scale from 1 to 5 (1 being low) on:

Computer skills: _____

Writing skills: _____

Number/math skills: _____

Thinking skills: _____

Class-Participation skills: _____

Self-Control: _____

Self-Esteem: _____

Leadership: _____

What would you like someone to say about you in a letter of recommendation?

Any other things you would like for me to know about you: