

Springfield High School

Student Information Packet for Counselor Recommendations

This completed packet must be turned in to the Counseling Office by October 1, 2015.

Student Name: _____ **Today's Date:** _____

The Springfield High School Counseling Department takes great care to distribute accurate information on students as they begin the graduation process. Whether a student is entering the workforce, the military, or college it is important that the student's counselor has correct information for making recommendations. Each counselor will use his/her discretion as to what particular facet of these pages will be included in your letter.

Please check which of the following describes your plans after graduation and answer the corresponding question:

- | | |
|------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Apply for full-time employment
_____ | What is your current career goal?
_____ |
| <input type="checkbox"/> Enlist in the military
_____ | Which branch of the military interests you?
_____ |
| <input type="checkbox"/> Apply for college/university | What is your intended major? _____ |

Note: This packet provides information to the counselors to write letters of recommendation. There is a separate form you will provide to teachers you are asking to write recommendation letters.

Springfield High School

Information for Counselor Letters of Recommendation

Dear Seniors, please read the following carefully and answer the questions as thoroughly as possible. Your counselor needs this information to write a letter of recommendation for you.

Your Name: _____

Email: _____ *Check your email regularly throughout the year*

(Please choose the ones that are your “primary caretakers.”)

Parent 1:	Occupation: _____	Parent 2:	Occupation: _____
	Education: _____		Education: _____
	E-Mail: _____		E-Mail: _____

Siblings:

Name	Age	School/College	Occupation
------	-----	----------------	------------

1. List 5 adjectives that you, your family or friends would use to describe you. Please give an example for each.

- a.
- b.
- c.
- d.
- e.

2. If you could go back and change one thing in the past four years, what would you change?

3. What class do you feel has been the most beneficial to you and why?

- 4. Do you feel your transcript is a good reflection of your academic potential? Please explain.**

- 5. Have there been any “blips” in your four years here? In other words, was there a time when your grades slipped due to a difficult time in your life? If so, please explain (sharing only what you are comfortable with others knowing) the situation in your life, or in a particular class, that made it difficult for you to do your best.**

- 6. Discuss a personal challenge that you have endured and how you were able to overcome that challenge.**

- 7. Describe an accomplishment of yours (in any setting including home, school and community) of which you are particularly proud.**

- 8. What are your plans beyond high school?**
 - a. If you are considering a job, military or other options, please describe and discuss how you became interested in this career.**

 - b. If you are considering college, which schools and majors are you interested in at this point? How did you become interested in these choices?**

9. What sets you apart from the rest of the applicants who are applying at your colleges or at your job site?

10. If you plan to attend college, how would you make your school of choice a better place to be? What would you be able to add to the campus?

11. What do you feel is important for the admissions counselors, employers, or recruiters to know about you?

12. Do you have any passions? Please elaborate.

13. How do you picture yourself ten years from now?

14. Additional thoughts

Self-Reported Student Activity Sheet

1. School Clubs and Activities Grades(s) Office(s) Held

2. Sports Grade(s) Captain?

3. Student Government Grades(s) Office(s) Held

4. Activities Outside of School Grades(s) Office(s) Held

5. Employment Grades(s) Position

6. Volunteer/Community Service Grades(s) Position

7. Honors, Awards, Scholarships

PARENT/GUARDIAN'S PERSPECTIVE FORM

Student's Name: _____ School Counselor: _____
Person Completing this form: _____ Relation to Student: _____

We in the counseling department would appreciate getting your perspective and input on your child as we prepare to write recommendations to colleges and employers. We would be particularly grateful for your stories and anecdotes which illustrate your son/daughter's strengths and important qualities. Please complete the relevant sections below and return this sheet to the school counseling office as soon as possible. (Please feel free to use the back of this sheet). Each counselor will use his/her discretion as to what information may or may not be included in your child's letter.

1. Please use at least 4 adjectives to describe your student.
2. In what areas has your child shown the most development and growth during high school?
3. What are his/her outstanding qualities and values?
4. What do you consider the most important achievements of your student during high school? Why did you select these as important?
5. What do you think are qualities that make your child special?
6. Are there any unusual or personal circumstances that have affected your child's education?
7. Please tell us an anecdote about your child or anything you think is of interest.

