

SOUTHEAST GUILFORD HIGH SCHOOL
COUNSELING DEPARTMENT

Student Background Information for Letters of Recommendation

Please return to the Counseling Office. **Please understand that requests for recommendations with less than a two week turnaround may not be honored.**

Student Name _____ Date _____

I am requesting that _____ write my recommendation(s).
Name of Counselor

Name(s) of institution(s) to which you will send this letter:

Date(s) letters of recommendation need to be returned to you or sent to school:

Please answer some or all of the questions below. Keep in mind that the more detailed your responses are, the more detailed your letter of recommendation can be. Attach page(s) with your responses.

1. Choose 3 of the following categories that you think are your strengths, and give a detailed example for each:

Academic motivation:	Creativity	Energy
Potential for growth	Leadership	Self-confidence
Warmth of personality	Concern for others	Sense of humor
Emotional maturity	Personal initiative	Reaction to setbacks

2. What do you like to do in your spare time?

3. Please list any leadership roles that you have assumed, and your responsibilities for those roles.

