

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.

4. What do you consider to be your greatest weakness(es)? How have you overcome them?
5. If your best friend were asked to write a paragraph describing you, what types of things would s/he include?
6. Please list any sports that you participate in.
7. Please describe any volunteer work that you have done.
8. Please list any work experience that you have had, and include any positions of leadership/authority.
9. What clubs and community organizations are you regularly involved in?
10. Please list any other information that you would like to have included in your letter of recommendation.