



Letter of Recommendation Student Questionnaire

If you need a letter of recommendation, please complete this form and submit it to the school counselor and/or teacher from whom you are requesting a letter of recommendation at least two weeks before the due date.

Student's Name	
Recommender's Name	

What is your plan for after high school? Why do you wish to pursue this major/career? What experience do you have that will prepare you?

What do you consider to be your greatest strength, and why?

What event in your life (positive or negative) has had the most significant impact on you? How has it shaped you as a person?

What are you most passionate about outside of the classroom, and why?

List 2-3 words that others would use to describe you and why. Do they differ from words you would use to describe yourself? How?

List the college/trade school/employer for which you are requesting a recommendation.

Self-Evaluation

The information you provide in this section will be used by your school counselor and/or teacher to prepare materials to submit in support of your application. Please read the statements below carefully and rate yourself accordingly.

Rating	Below Average	Average	Above Average	Not Applicable
Ability to possess and exhibit knowledge and skills to succeed as a learner, worker, and citizen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to identify and solve problems through creative thinking and innovation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to seek and accept new and difficult challenges to adapt to change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to recognize and respect one's own culture and diverse cultures to work collaboratively with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to act with integrity and empathy while demonstrating personal accountability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to raise vital questions drive by curiosity to increase understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make healthy choices to achieve well-being and create a well-rounded educational experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to listen and articulate effectively while being willing to understand and offer alternate points of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature & Date of Request	
Student Contact Info. (Phone & Email)	
Preferred Method of Recommendation Submission/Retrieval	<input type="checkbox"/> SendEdu <input type="checkbox"/> Common App <input type="checkbox"/> Coalition <input type="checkbox"/> Student Retrieval <input type="checkbox"/> Other _____
Additional Documents	<input type="checkbox"/> Resume <input type="checkbox"/> Transcript <input type="checkbox"/> Other

To be Completed by the Kellam Staff/School Counseling Office Upon Receipt

Received by _____ Date Received _____