

Name of Student _____ Section _____

REQUEST FOR RECOMMENDATION

Given to _____ on _____
(Name of faculty member)

Faculty member, please return completed letter of recommendation to the Guidance Office by _____ . (Date)

Students have been instructed to provide you with a two week time period in which to complete this letter. **It is the student's responsibility to check with the teacher that the letter is being processed.**

**A letter of recommendation is needed for _____ .
(College or Scholarship Program)**

STUDENT SELF-ASSESSMENT (Given to faculty member)

1. List highest level courses taken in high school. Indicate if any courses are Honors or Advanced Placement. Include courses you are rostered for in senior year.

English _____

Math _____

Science _____

Language _____

Other _____

2. Extracurricular activities I have participated in while at Lansdale Catholic. List years, offices, and any honors received.

3. Out-of-school activities: work, travel, community service, any awards received, etc. Mention Church work if you care to. Indicate extent of participation (number of hours per week).

4. At this time, what academic area might you like to study in college? As of now, what vocation or career interests you?

5. Do you have an academic or intellectual interest that you pursue on your own (through reading, etc.), perhaps one not covered in school?

6. Is your high school record an accurate measure of your ability and potential? If not, what do you consider the best measure of your potential for success in college work?

7. What do you consider your greatest strengths? List a few words or phrases that might capture the best aspects of you, your talents, personality, character?

8. Is there any other information you would like to share in order to help me make an accurate appraisal of you to colleges?

