

Student Questionnaire

Blind Brook High School Counseling Department

Student's Name:

Thank you in advance for taking the time to respond to this questionnaire. As counselors, we want to write a comprehensive recommendation that captures all dimensions from a variety of perspectives. As students, you possess a unique perspective. This is your opportunity to brag while detailing the information you would like your counselor to consider including in the recommendation. Feel free to be funny, serious, honest, and proud. Please respond to any or all questions that you feel apply. Typed responses are preferred. **Please keep your responses to a maximum of two pages, relevant to grades 9-12.**

The questionnaire form must be submitted to your counselor no later than June 1, 2023.

1. What words would you use to describe yourself and why?
2. Describe what you feel is your most significant contribution to the school and/or the community during high school? What is it about the outcome that makes you proud?
3. In what areas have you demonstrated the most development and growth during high school?
4. What has been your most challenging experience in or out of high school? In your opinion, how did you grow from the experience?
5. If you were writing the counselor letter of recommendation to a college, what are one or two things that you would like shared?

6. Any additional information you would like to share?

7. Are you proficient in languages other than English? Do you hold dual citizenship?

8. If you have an active IEP or 504 plan with information that you would like shared, a medical issue or extenuating circumstances that you would like included in the letter of recommendation, please state the information you would like included.

The counselors do not share confidential information that may have had an impact on your education with a college unless permission is granted in writing. Check the box below and provide your signature indicating that you grant permission to share the information provided in your responses.

☐ I grant permission to share this information with the colleges.

Student_____

Date_____

See next page to complete Extracurricular Resume

Extracurricular Resume
(Please complete or attach a separate resume)

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