**Counselor Recommendation Request: Parent/Guardian Input Form**

**Instructions: Counselor letters of recommendation are intended to offer a snapshot of your child as a whole student beyond what can be seen on a transcript. Please answer all questions in as much detail as possible and submit this form via e-mail attachment to your child’s** [**counselor**](https://southcountyhs.fcps.edu/student-services/staff)**.**

**Parent/Guardian Name**

Click or tap here to enter text.

**Student Last Name** Click or tap here to enter text. **Student First Name** Click or tap here to enter text.

**Describe your child’s outstanding personality traits.**

Click or tap here to enter text.

**Please share the type of college you think would be a good match for your student and why?**

**How do you think your student will flourish in college?  What will be difficult for them?**

Click or tap here to enter text.

**Describe a situation or experience where your child has shown responsibility, maturity and/or leadership.**

**What would you want the admissions office to know about your student that is not evident in their school records?**

Click or tap here to enter text.

**Have you and your student had a discussion about financing college?**

Click or tap here to enter text.

**Is there any additional information that you would like to share?**

Click or tap here to enter text.