**Counselor Recommendation Request: Parent Input Form**

**Instructions: Letters of recommendation are intended to be an accurate reflection of a student's history and abilities. We appreciate any parental insights you can provide regarding your student. Please answer all questions in as much detail as possible and submit this form via e-mail attachment to your student's counselor before October 7th, 2019.**

**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.

**Choose 3-4 adjectives that best describe your student and explain why you have chosen those adjectives.**

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?**

Click or tap here to enter text.

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

Click or tap here to enter text.

**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.