

High School Counselor Recommendation Form

SECTION I (to be completed by student)

Student Name _____ SSN _____

Address _____

Phone _____ Date of Birth _____

I recognize the confidential nature of this document and I waive my right to access.

Student's Signature _____ Date _____

SECTION II (to be completed by school counselor—include information only if it is not included in other student documents)

High School _____ High School CEEB _____

Address _____

Phone _____ Fax _____ Email _____

Counselor's Name _____ Title _____

Percentage of class attending: Four-Year _____ Two-Year _____ institutions.

Grading scale (check box): 4.0 100 Other Passing Grade is _____ Student GPA Unweighted _____

Student rank _____ in a class of _____ as of: 9th Grade 10th Grade 11th Grade 12th Grade

Is the student's course selection: Most Demanding Very Demanding Demanding Average Below Average

SENIOR YEAR COURSES

First Term

Course	Grade	Course	Grade	Course	Grade	Course	Grade
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Second Term

SECTION III (to be completed by school counselor)

Please comment on the following items which reference the student's ability and character. Attach additional pages if more space is needed. (A recommendation letter may replace Section III.)

Academic Ability:

Personal Character:

Is the academic record of this student an accurate indication of the student's ability? Yes No If not, please describe the circumstances.

Counselor Statement:

Counselor's Signature _____ Date _____