

Please ✓ your Counselor's name according by your last name

Name of Student

___ Mr. Rob Lessler (A-H)

___ Ms. Andrea Yorizane (I-P)

___ Ms. Kimberly Shaffer (Q-Z & Spanish Speaking)

Counselor Questionnaire Form
(For Private Schools or Out of District School Only)

Please provide the following information so I can complete your high school recommendation form. After completing this questionnaire, please attach it to the counselor recommendation form and put both of them in your Counselor's mailbox located in the main office - along with a stamped envelope addressed to the high school.

What is your elective and what is your role in that class? (Ex. – Publications - I write articles for the school newspaper. TA – I correct papers and enter grades for the teacher).

Are you in any clubs or on a sports teams? (Ex. - Legacy, art, soccer, etc).

Do you have a leadership role? Please explain your role.(Ex. – Team captain, club secretary, etc).

Do you perform community service? If so, where and what do you do? (Ex. – I volunteer with senior citizens 2 days a week serving food). How do you feel about community service or volunteerism?

Are you involved in any organization? (Ex. – Boy Scouts, Girl Scouts or church youth groups?)
Again, do you perform in a leadership role?

Have you thought about what college or career you might be interested in and why?
How will this high school help you to reach your goals?

Is there anything else you want to add?