Southampton High School Counseling Department

PARENT/GUARDIAN QUESTIONNAIRE

Dear Parent/Guardian,

Often, parental/guardian insight can provide valuable information, which is worth including in a comprehensive counselor recommendation for a student. Please take some time to respond to the following questions. Your comments will be appreciated and specific anecdotes are welcomed. Please type or write up your answers on a separate sheet of paper and attach it to this sheet. In order for a letter of recommendation to be written for your student we ask that you complete this form and return it to the SHS Counseling Office no later than Friday, September 20, 2019. Thank you!!

Student Name: ____________________________

Full Name of Parent/Guardian: ____________________________

Parent/Guardian E-mail Address: ____________________________

❖ Adjectives you would use to describe your child.
❖ His/her greatest strength and/or greatest weakness is...
❖ What should I know about your child that I may not already know?
❖ What qualities do you admire most about your child?
❖ What do you consider to be the most outstanding accomplishments of your child during the past three or four years? Why did you select these as most important?
❖ What do you consider to be his/her outstanding personality traits?
❖ If applicable, provide an explanation of any family, health or other circumstance that has affected your child’s educational experience or personal experiences,
❖ If you were writing this letter of recommendation what information would you include?