

Great Neck South High School Teacher Recommendation Letter Questionnaire Form

Name _____

Teacher Name _____ Student Email _____

Please complete and give one of these forms to each teacher writing a recommendation for you.

Course Name _____ Year _____ Course Grade _____

What was your favorite part of the class (topic, project, etc. you enjoyed and/or did particularly well on)? (Be specific)

What is your favorite memory from the class? (Be specific)

Thank you for taking time to write my recommendation!

2. Personal Background

Place and date of birth:

Previous school:

Parents background/careers:

Siblings (ages, genders):

Languages spoken at home:

3. List the clubs, publications, and sports teams in which you have participated in school:

Freshman Year:

Sophomore Year:

Junior Year:

Senior Year:

**4. List all activities in which you have participated *outside of school*.
Be sure to give dates of participation for each activity listed.**

Jobs:

Sports:

Volunteer Work:

Clubs, religious organizations, etc.:

Travel:

Other summer experiences: