Rachel Carson Middle School

REQUEST FOR A PRINCIPAL or COUNSELOR LETTER OF RECOMMENDATION FOR PRIVATE SCHOOL/ PROGRAM APPLICATION

Note to students: If you need a principal recommendation, please bring this form to your counselor. You must speak with the counselor and request the letter of recommendation in person. If the counselor agrees to write the letter, complete this form in its entirety and return it to the counselor.

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Counselor's Name:	
Student's Name:	
	ehalf to programs listed below. Please give your honest assessment of my ty, and personal strengths. Please include any anecdotal comments that you
I understand that this recommendation will be forward that in making this request, I waive my right of future	ded to the school or program without my prior review. I also understand access to the contents of the recommendation.
Student Signature	Parent Signature
I am applying to the following schools/scholarships:	
Name of School/Program:	Date Due:
Email Address (if applicable):	
Name of School/Program:	Date Due:
Email Address (if applicable):	
Student: Please type your responses to the questions below to ens	
 How have you changed as a student while att 	tending Carson Middle School?

2. What is your favorite class? Please describe the qualities of the class you have enjoyed/are currently enjoying.

4. Describe a time you have failed. How did you respond and what did you learn from it? DENT: Please check all that apply for the requested completed letter/form: Please accept the email invitation online and upload your letter of recommendation to the school website (most common) Please email the recommendation to the email address provided Email Address:								
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