

# PARENT/GUARDIAN PERSPECTIVE

Student Name: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

*A secondary school report/counselor recommendation cannot be given without this form being completed. A hard copy of this form must be handed in to the Director of Student Life, by May of the student's junior year. If you prefer to type your answers, please include the question.*

What are your child's best qualities?

What activity or experience is the single most significant in expressing those best qualities?

Describe any major influences on your child's scholastic, social or spiritual development. Were there any experiences that were a turning point in your child's scholastic, social or spiritual growth?

Please describe any special occurrences that might have affected your child's school record positively or negatively.

**- be sure to answer all questions on both sides -**

If you could say one thing about your child, what would it be?

Please comment accordingly on the follow topics as they relate to your child:

Initiative

Attitude Toward Serving

Personality

Spirituality

Leadership

Weaknesses

Ability/Willingness to Take Risks

Any additional comments you would like to make, you can do so below.

**- be sure to answer all questions on both sides -**