

***Don't Forget the SPECIAL DEADLINES**

(Please turn your forms in to your counselor on time if you want a counselor recommendation written.)

IF TRANSCRIPT IS DUE AT THE COLLEGE ON:

November 1
November 15
December 1
January 1 & 15

REQUEST IS DUE TO YOUR COUNSELOR BY:

October 2
October 16
October 31
November 20

<p>PRINT NEATLY: Name of College, Scholarship, Special Program, Employer, DACA, DMV, etc. <i>Include Complete Mailing Address</i></p>						FOR OFFICE USE ONLY			
						Date entered into Naviance		FEE PAID Cash Or Check	Date Received and Mailed or Electronically Sent
Do they accept eDocs? CA? mailonly		Counselor Letter needed?	Due Date	Pick one: Early Action Early Decision Rolling Regular		Transcript Office	Counselor		
4	<input type="checkbox"/> Please check box if you would like to pick it up.	eDocs				EA			
		CA			ED	M_____			
5	<input type="checkbox"/> Please check box if you would like to pick it up.	eDocs			Rolling				E_____
		Mail			Regular				
6	<input type="checkbox"/> Please check box if you would like to pick it up.	eDocs			EA				R_____
		CA			ED				M_____
7	<input type="checkbox"/> Please check box if you would like to pick it up.	eDocs			Rolling				E_____
		Mail			Regular				
8	<input type="checkbox"/> Please check box if you would like to pick it up.	eDocs			EA				R_____
		CA			ED				M_____
9	<input type="checkbox"/> Please check box if you would like to pick it up.	eDocs			Rolling				E_____
		Mail			Regular				



CONSENT FOR RELEASE OF STUDENT RECORDS IN SUPPORT OF POSTSECONDARY APPLICATIONS

Instructions for Use: This form is to be used by parents and/or guardians and students aged 18 or older to authorize Fairfax County Public Schools (FCPS) to release student records and related information to support student applications to colleges, universities, scholarship sponsors, employers, or other similar organizations. This consent form needs to be signed only once. The student, parent and/or guardian will use a separate form, your school’s transcript request form, to identify all schools and organizations to which records may be sent.

CONSENT

By my signature below, I authorize FCPS to release to any school or organization identified by me on my school’s transcript request form any of my school records or other information about me that is requested by the school or organization in support of my application. This may include, but is not limited to, my transcript, other school records, and any letters of recommendation written by FCPS employees. However, this authorization specifically excludes the release of discipline information.

By my signature below, I also authorize FCPS employees, including but not limited to, administrators, teachers, and counselors, to communicate with and respond to inquiries from the school or organization concerning my application and my credentials.

FCPS may release the required records and information by electronic or other means directly to the school or organization or to a service used by the school or organization to facilitate its application process. These services include, but are not limited to, the National Collegiate Athletic Association Eligibility Center, Common Application, Naviance, and/or Family Connection, Coalition for Access, Affordability, and Success, and other services approved by FCPS.

I also understand that I have the right to review or have copies of any records that FCPS transmits to the school or organization. If I have responded yes to the statement below, however, I have waived the right to review or have copies of any letters of recommendation written by FCPS employees.

If an application requires or requests a student's social security number (SSN), FCPS staff members should not enter the student's SSN on his or her behalf.

Yes, I waive my right to review or have copies of any letters of recommendation written by FCPS employees.

No, I do not waive my right to review or have copies of any letters of recommendation written by FCPS employees.

My signature below confirms that I have read and understand this consent form.

Note: Both parent and/or guardian and student are required to sign this form. Parent and/or guardian signature is not required, if the student is aged 18 or over and attending a postsecondary school.

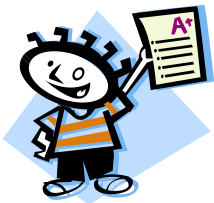
Name of Student (Please print)

Student ID

Date

Signature of Student

Signature of Parent and/or Guardian (If student is under 18)



SELF EVALUATION

Name: _____

Email: _____

Cell Phone Number: _____

It is important that you answer all the questions. The more information you provide, the more complete your recommendation will be. Please write in or type your responses on a separate sheet and turn in with your transcript request package.

This is no time to be modest. You need to sell yourself (Look at me!!!..Look at me!!!). You are painting a picture of yourself for the colleges and the jobs YOU want! So use rich and vibrant language - this is YOU we're talking about, remember?

1. Three adjectives that best describe me are:

_____, _____, _____

And here's why:

2. What is the most satisfying course you have taken? _____

Why:

3. Career Interests _____

- a. What is something you may have done towards your career path while in school?

4. Possible major (s) in college _____

5. Are you the first in your family to attend college? YES NO

6. Describe your strengths as a student?

7. Something that would surprise people about me (can be humorous or serious):

8. Describe an accomplishment of yours of which you are very proud:

9. What is one obstacle you have overcome, and how did you do it:

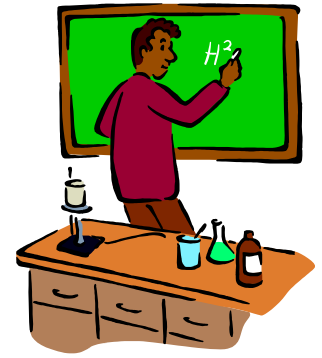
10. In which activity are you most involved? _____
 - a. How have you contributed in this activity? (your level of responsibility, different roles, positive impact on community, etc.)

 - b. How has this experience in this activity impacted you as a person? In what ways have you benefited?

11. Have there been any significant issues (medical conditions - including physical or emotional, extensive family responsibilities, family changes, economic conditions, traumatic events) that you feel significantly impacted your academic performance that you would like addressed in a letter of recommendation?

12. What, if anything, would you do differently if you had to experience high school again? If nothing, how have you made the most of your JRLHS experience?

Teacher Evaluation Form for College Applicant



Recommending Teacher: _____

Please Return to: _____ by _____

Counselor _____ Date _____

Student: _____

Dear Teachers,

Your help is requested in evaluating the above named student. Counselors need as much accurate, specific, descriptive information as possible so that we can give a complete picture of each student to college admissions staff. I particularly need comments that may be quoted: anecdotal, those that specifically address academic performance, special accomplishments, potential for growth, leadership, character, etc. This form is NOT sent to colleges, but is kept confidential and is only used by the counselors in filling out our portion of the college application process. Thank you for your time and effort!

PARTICIPATION IN DISCUSSION

- active participation/initiates discussion
- average participation
- low participation
- other _____

DEPTH OF UNDERSTANDING

- excellent insight
- good insight
- some insight/fluctuates
- other _____

INVOLVEMENT IN CLASSROOM

ACTIVITIES

- highly involved
- frequently involved
- seldom involved
- other _____

PERSONAL RESPONSIBILITY

- always accepts fully
- usually accepts fully
- sometimes accepts
- other _____

CRITICAL & QUESTIONING ATTITUDE

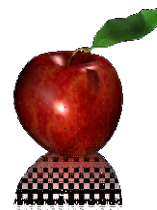
- often challenges, questions, probes
- occasionally questions, probes
- rarely questions
- other _____

CONSIDERATION OF OTHERS

- always considerate of other
- usually considerate
- sometimes considerate
- other _____

List 3 adjectives which first come to mind when you think of this student:

List one major contribution this student has made in your class/es. Be specific as possible:



Please check qualities for which student is especially respected/admired:

- | | |
|---|---|
| <input type="checkbox"/> Responsibility | <input type="checkbox"/> Interest in other students |
| <input type="checkbox"/> Superiority in studies | <input type="checkbox"/> Leadership in activities |
| <input type="checkbox"/> Accomplishment in activities | <input type="checkbox"/> Personality/manners |
| <input type="checkbox"/> Success in athletics | <input type="checkbox"/> Other _____ |

*General Ratings: In making these ratings, please keep in mind that they are used to compare this student with his or her class. Please check the single most appropriate box.

	Average or Below	Good or Above Average	Excellent or top 10% this year	Outstanding top 5% this year	One of the best I have ever seen	No basis for Judgement
Academic Motivation						
Academic Creativity						
Academic Self-Discipline						
Academic Growth Potential						
Leadership						
Self-Confidence						
Warmth of Personality						
Sense of Humor						
Concern for Others						
Energy						
Emotional Maturity						
Personal Initiative						
Reaction to Setbacks						
Respect Accorded to Faculty						

Please use space below for additional comments. Feel free to use additional paper. THANK YOU!

Teacher Signature _____ Date _____

ACTIVITY RECORD – GRADES 9-12

Name of Student:			
Grade and Year	Career Experiences	School, Community, Employment, and Summer Activities	Offices Held and Honors Won
Grade 9 Year:			
Grade 10 Year:			
Grade 11 Year:			
Grade 12 Year:			