

Student Brag Sheet

Please complete this form when requesting letters of recommendation. You may need a letter of recommendation for college applications, scholarships and other senior activities.

DIRECTIONS:

- Download the form to your desktop and "Save" using the following name: "firstname.lastname Brag Sheet"
- Answer all questions thoroughly.
- When completed save again and send the document to your counselor and any other individual you have asked for a recommendation letter (in person).
- **PLEASE NOTE: All requests for letters should allow AT LEAST 10 SCHOOL DAYS.**

Name:	Email:	Phone Number:
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SAT Reasoning Test Overall Score:	Evidence Based Reading and Writing:	Math:	Essay:
ACT Test Overall Score:	Reading:	English:	Math:
Science:			
AP Tests	TEST: Score: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	TEST: Score: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	TEST: Score: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	TEST: Score: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	TEST: Score: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	TEST: Score: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

List the courses you are scheduled to take your senior year.

Fall	Spring

List all the post – secondary options you are considering.

University/College/Community College/Trade School		

What is your intended major or area of study in your post-secondary plans? Describe your interest.

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What is your intended career goal at this time? Describe your interest.

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School Activities, Sports, or Clubs	Year of Activity				Description of Activity and any Leadership Positions.
	Gr. 9	Gr. 10	Gr. 11	Gr.12	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Community Activities (volunteer) and Community Service	Year of Activity				Description of Activity
	Gr. 9	Gr. 10	Gr. 11	Gr. 12	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Experience (paid)	Year of Activity				Description of Activity
	Gr. 9	Gr. 10	Gr. 11	Gr. 12	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Special Recognition, Awards, Honors (academic and extra- curricular)	School Year Received				Description
	Gr. 9	Gr. 10	Gr. 11	Gr. 12	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Which **one or two activities** were the most meaningful to you? Why?

List **three to five words** that you would use to describe yourself. **Explain each** with several sentences.

What special talents (music, sports, theatrical, dance, art, video, technology) do you possess? **Explain each** with several sentences.

What obstacle (family, personal, illness, financial, etc.) if any, have you encountered? How did you overcome this obstacle? Explain with several sentences.

Do you feel that your academic record is an accurate reflection of your ability? Why?

OPTIONAL: Please note any additional information that may be helpful to your counselor or teacher in writing your letter recommendation.