

**NYACK HIGH SCHOOL
UPPER NYACK, N.Y.**

OPTIONAL PARENTAL COMMENTS AND OBSERVATIONS

Student's Name _____ Date _____

Parent's Name _____

Please describe your son or daughter in terms of strengths and weaknesses as well as in terms of personal qualities and characteristics. We ask that you highlight any interests, hobbies and activities which he or she has pursued in depth outside of school and about which the school staff might have little knowledge. We also suggest that you note any obstacles that he or she has had to overcome and any areas of exceptional growth that you have observed during the past few years. Do not hesitate to comment on any points you would like the counselor to emphasize in writing the student's college recommendation. Please feel free to use both sides of this form and to attach additional information as necessary.

It should be understood that final decisions about the content of your student's college recommendation letters must be made by the school counselor. However, we feel that your views could be very helpful and will make a sincere effort to use your suggestions. Be assured that your child will have a complete recommendation from the school counselor whether or not you choose to return this form.

