

Sipsey Valley High School

Junior Year Packet

Junior year is the time to begin taking specific steps for school & training beyond high school. During your Junior meeting, we will discuss your goals and future plans. Be thorough, answering every question, then schedule an interview with your counselor if you would like to discuss things further. This packet is an important tool in helping you better understand yourself and your goals, as well as providing a springboard for your counselor's letter of recommendation. **Please return this to Mrs. Caudle when completed.**

Student Name: _____ Student ID: _____ Date: _____

Student Phone: _____ Student Email: _____

Parent Phone: _____ Parent Email: _____

My Academic/Career Interests:

#1 Career Interest	
Back-Up Plan	
If you do not have an answer to the boxes above, answer the questions below:	
Favorite Class	
What do you love doing most?	

After high school, I plan to:

- | | |
|--|--|
| <input type="checkbox"/> attend a two-year college. | <input type="checkbox"/> attend a technical, vocational or trade school. |
| <input type="checkbox"/> Attend a four-year college. | <input type="checkbox"/> Participate in sports at the college level. |

If yes, please list sport(s): _____

If yes, register at NCAA: <http://www.athleticscholarships.net/ncaaclearinghouse.htm>

- ☐ be the first member of my family to attend college.

My Stats:

GPA: _____

ACT Score: _____

Colleges/Technical Programs under Consideration	
1.	
2.	
3.	
4.	
5.	

Factors to consider: size, location, cost, diversity of professors and student body, extracurricular activities, majors/areas of study, class size. For these and other considerations, visit:
www.actstudent.org › College Planning, **www.bigfuture.collegeboard.org**

My Top Priorities for Choosing a College:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Please list your extracurricular, volunteer, and work activities.

Clubs, Activities, Technical Ed., Sports, & Work	Years/Hours	Awards Leadership Role	Additional Information

Please elaborate on three of your activities with specific examples. How are you a better person as a result of this experience? What did you love about it? What did you learn?

1. _____

2. _____

3. _____

My Strengths:

I am...	Very Strong	Strong	Average	Comment/Example
a hard worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
an independent learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a team player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a problem solver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a good communicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
motivated & determined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
responsible & reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
enthusiastic about learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
attentive and curious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
confident in myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
perceptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
respectful and compassionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Relate an experience or story that reveals some of your greatest strengths.

Teacher Input Sheet

Please give this to the teacher/coach/band or choir director that knows you best and ask if they will fill out a recommendation for you (after filling out the top section).

Student Information:

Student: _____ Date: _____

Teacher: _____

Teacher Section:

Please complete the following checklist for the student listed above. Your comments are helpful when the counselor writes student recommendations. This sheet will only be seen by the counselor. It will not be shared with the student. Please place it in the counselor's mailbox.

	Excellent	Above Average	Average	Comment
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respect for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respected by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enthusiastic Learner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independent Thinker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please write a comment or a notable story about this student. This is very helpful! Thank you.

Parent/Guardian Input Sheet

Student: _____ Date: _____

Parent(s): _____ Email: _____

Please complete these questions, with as much specificity as possible. Give examples.

What are the first adjectives that come to your mind to describe your son/daughter? Why?

What do you consider your child's greatest strength? Why?

Are there any areas about which your son or daughter is passionate? Please give examples that demonstrate the depth of interest.

Are there any challenges or adverse conditions your student has had to overcome in order to achieve the level of performance he/she has attained?

Please describe anything else about your student that you feel would be helpful for me to know.