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| --- | --- | --- |
| GW Community School | STUDENT NAME | DATE |
|  |  |
| **PARENT PERSPECTIVE** |
| *Please provide a thoughtful, honest description of your soon-to-be high school graduate. This information will be used to inspire teachers while writing your child’s college letters of recommendation. Bring a copy of your completed Parent Perspective form to your GWCS College Conference. This will be shared with your child’s assigned GWCS college counselor and any teacher they asked to write a letter of recommendation. This will complement the Senior Self-Evaluation your child is expected to complete. (Option – email completed evaluation to Mrs. Sinichko at sinichkocm@gwcommunityschool.com.)* |
| What would you like a college admissions officer to know about your student? (This is your opportunity to brag!) |
|  |
| Your Name: |  |

*Thank You!*