



STUDENT RESUMÉ



The Student Resumé is recommended of all Seniors for use by faculty and staff for recommendations, nominations, scholarship opportunities, etc. These should be returned to your counselor. Ask a teacher to fill out the last page and have them turn it in to your counselor.

Name: _____

DOB: _____

Email: _____

Cell#: _____

PERSONAL PROFILE

Post-Secondary Plans/Career Goal:

I am applying to the following colleges (list by order of preference):

1. _____ 3. _____ 5. _____

2. _____ 4. _____ 6. _____

Describe an academic experience which has been a highlight in your CVHS years (a teacher, a class, a paper, a project, a book, etc.):

How have you spent the last three summers?

3 adjectives that describe you best : _____

The one thing that makes you unique among Creekview students is:

What volunteer/community service work have you participated in while in high school?

STUDENT ACTIVITY PROFILE

EXTRACURRICULAR, PERSONAL, AND VOLUNTEER ACTIVITIES: Keep a record of your extracurricular, community, and family activities and hobbies. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, leadership roles, etc. It is very important to be honest; counselors/teachers may verify accuracy.

ACTIVITY	9th	10th	11th	12th	POSITIONS HELD

HONORS/AWARDS: Briefly describe any academic, athletic, extra-curricular, or community awards and/or honors you have received.

AWARD	YEAR RECEIVED	EXPLANATION

WORK EXPERIENCE: List any job (including summer jobs) you have had during the past 3 years.

Specific Nature of Work	Employer	Approximate Dates of Employment	Approximate # of hrs. spent per week

CLASSROOM TEACHER FEEDBACK FORM

This form is to be completed by a classroom teacher who knows you well and then given to your Guidance Counselor.

THE FOLLOWING INFORMATION IS FOR GUIDANCE USE ONLY. These forms are not sent to colleges and/or universities.

To be completed by student:

PLEASE ONLY GIVE THIS SHEET TO THE TEACHER; TURN IN YOUR RESUME SEPARATELY TO YOUR COUNSELOR.

Student's Name _____

Name of Teacher _____

A-D—Killen

L-Rn—Means

Please return this form to _____
(Students, please remember a two-week notice is required.)

E-K—Sikes

Ro-Z—Jensen

Directions to Teacher: Please complete this form and return it to the counselor above by the date listed.

1. What 4 adjectives come to mind when you think of this student?

2. What do you feel is this student's strongest classroom ability? _____
3. What makes this student stand out as unique from others you have taught? Please put on the back of this form. You can be as brief or as detailed as you wish.
4. If you would like, please include any additional information about this student on the back.

Intellectual Ability; Character and Personality

In making the following ratings, please keep in mind that they will be used to compare this student with other very able students. Please make them as realistically as you can in comparison with your college preparatory students.

ACADEMIC RATINGS	Below Average	Good or Average	Excellent (Very strong student)	Out-standing	One of the top few in my career	No Basis For Judgment
Academic Potential						
Academic Achievement						
Participation in class						
Intellectual Risk-Taking						
Personal Initiative						
Leadership						
Self- Confidence						
Concern for Others						
Ability to interact with different groups						
Emotional Maturity						
Reactions to Setbacks						
Respect of Faculty						

I recommend this student:(Please circle) Enthusiastically Strongly Moderately Not Recommended

Teacher Signature: _____