

Rancho del Mar High School

A California Model School

38 Crest Road West • Rolling Hills, CA 90274-5058
(310) 377-6691 • FAX (310) 544-5526

Letter of Recommendation

Name: _____

Date: _____

Teacher/Administrator Name: _____

****Students: Please fill out the form before submitting to your teacher/administrator of choice. This form is necessary to facilitate the recommendation letter process. Please answer each question with as much information as you can detail.***

1. Education Goals (college diploma, vocational training, etc):

2. Personal Goals (job, future careers, etc):

3. Volunteer Experience (community, church, etc):

4. Hobbies (sports, acting, etc):

5. Accomplishments (awards, certificates, etc.):
