Shiloh High School

Senior Profile

The purpose of the senior profile is to assist your counselor in writing a quality letter of recommendation. Please complete all sections of this form and submit the completed form by email to your counselor at least 2 week prior to needing a letter of recommendation.

[Dr. Sineca Muhammad](mailto:sineca_muhammad@gwinnett.k12.ga.us) BAMAcademy

[Mr. Devin Jones](mailto:devin_jones@gwinnett.k12.ga.us) STEM Academy

[Ms. Dinaia Crumbley](mailto:dinaia_crumbley@gwinnett.k12.ga.us) IB Diploma

[Dr. Daria Williamson](mailto:daria_williamson@gwinnett.k12.ga.us) WHE Academy

First Name: Click here to enter text. Middle Initial: Click here to enter text.Last Name: Click here to enter text.

***Address***

Street: Click here to enter text. City: Click here to enter text. Zip Code: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

List the Colleges that you are applying to:

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Intended Major:

Click here to enter text.

Career Goal:

List AP, Dual Enrollment, Gifted, or Honors courses that you have taken

Honors/Awards – from SHS or off campus activity (Honor roll, AP scholar, Georgia State Quiz Bowl)

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School Activities – at SHS (clubs, sports, performing arts, etc)

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Community Activities – outside of SHS (community service, after-school jobs, religious activities, etc)

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What four adjectives best describe you? Give examples to support your answer.

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Describe a challenge or obstacle you have overcome in your life. What did you learn from this experience?

Describe your greatest academic accomplishment.

What circumstances, if any, have interfered with your academic performance?

Who or what has been the biggest influence in your life?

**Extra Teacher Information Form**

*Students: Please email this form to an* ***academic*** *teacher. This will assist us in writing your letter of recommendation.*

*Teachers: Please submit this form to the specified counselor by email.*

*Counselor Name:* Click here to enter text.

Student Name: Click here to enter text.

Teacher Name:Click here to enter text.

What words come to mind when you think of this student?

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What makes this student different from other students that you teach?

What are this student’s strengths?

Please rate this student in the following areas:

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| --- | --- | --- | --- | --- | --- | --- |
|  | Below Average | Average | Above Avg  (top 25%) | Excellent  (top 15%) | Outstanding  (top 5%) | No Basis for Judgment |
| Academic Potential |  |  |  |  |  |  |
| Academic Achievement |  |  |  |  |  |  |
| Co-curricular involvement |  |  |  |  |  |  |
| Commitment to service |  |  |  |  |  |  |
| Ability to interact with different groups |  |  |  |  |  |  |
| Character & integrity |  |  |  |  |  |  |
| Maturity |  |  |  |  |  |  |
| Work Habits |  |  |  |  |  |  |
| Motivation |  |  |  |  |  |  |
| Leadership |  |  |  |  |  |  |
| Overall |  |  |  |  |  |  |