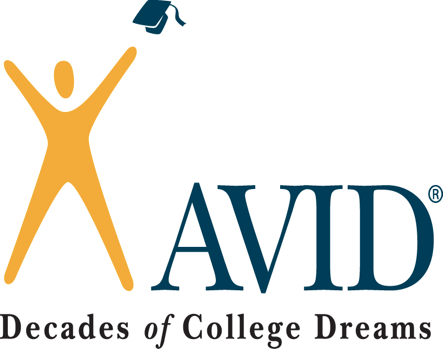
**Is this you…**

* Interested in going to *college*?
* Tired of making average grades or not reaching your full potential?
* Motivated to learn but not always sure how to succeed?
* Ready to raise the bar and become a top HONORS student?
* Excited about free tutoring during the school day to support you in classes?
* Ready to work with other students who really *want* to be at school to *learn*?
* ***Then AVID could be for you!***

***What AVID is…***

The mission of AVID (Advancement Via Individual Determination) is to ensure that ALL students, especially those who find themselves “in the middle,” will succeed in rigorous curriculum, will complete a college prep path, and will become educated and responsible participants and leaders in society.

***The AVID student…***

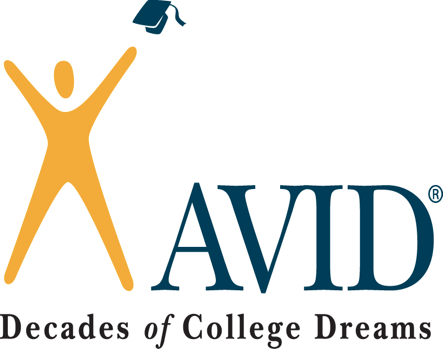
* Sets *goals* and *perseveres* to reach them
* Is *capable* of completing rigorous curriculum
* Is in need of *acceleration*, not remediation
* Practices good *citizenship*
* Has good *attendance*
* Maintains a 2.5 or *higher GPA*
* Takes *notes* in ALL classes
* *Studies* with a purpose daily

***The AVID application process…***

1. Fill out the application *completely*. You can either print it and use blue or black pen, or fill it out electronically and email it to [sstipp@pasco.k12.fl.us](mailto:apalermo@pasco.k12.fl.us)
2. Ask two teachers to fill out the recommendations AND follow up by giving a Thank You note to each one.
   1. If you are in 6th, 7th, or 8th grade, one teacher must be a math or science teacher and one must be a language arts or civics/history teacher
   2. If you are in 5th grade, one recommendation must be from your teacher. The second recommendation can be from a specials teacher, principal, assistant principal, or any other staff member that you have worked with closely.
3. **Turn in/submit completed application to Mrs. Stipp @GMS by Thursday, April 4th.**
4. Be ready for an interview with the school’s AVID Site Team if they have questions about your application.

***For more information, contact Sheri Stipp, GMS AVID Coordinator,***

sstipp@pasco.k12.fl.us 727-774-8000



**Gulf Middle School**

**AVID Application**

For the 2018-2019 School Year

|  |  |
| --- | --- |
| **Please complete neatly in ink or type answers and email back to Mrs. Stipp.** | |
| **Student Name** |  |
| **Current Grade & School** |  |
| **Parent/Guardian Name** |  |
| **Address** |  |
| **Home Phone** |  |
| **Cell Phone** |  |
| **Parent Email** |  |
| **Student Email** |  |

|  |  |
| --- | --- |
| **What is the highest level of education of:** | |
| Your Father |  |
| Your Mother |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Grades** | **Math** | **Science** | **SS** | **LA** | **Elec.** | **Elec.** |
| **Current** |  |  |  |  |  |  |
| **Last Qtr.** |  |  |  |  |  |  |
| **# of Missing Assignments** |  |  |  |  |  |  |

|  |
| --- |
| **How do you overcome academic challenges?** |
|  |

|  |
| --- |
| **In your opinion, what is the most difficult aspect of school?** |
|  |

|  |
| --- |
| **What are your goals for middle school, high school, and after?** |
|  |

|  |
| --- |
| **What activities are you involved in at school and/or in the community?** |
|  |

|  |  |  |
| --- | --- | --- |
| **Use the 1-4 scale (where 1 is not important and 4 is extremely important) to rate the following with how YOU feel and how you think your family feels.** | | |
| **Question** | **You** | **Your Family** |
| How important is it for you to go to a 4-year college? | 1   2 3   4 | 1   2 3   4 |
| How important is it to complete all of your class assignments? | 1   2 3   4 | 1   2 3   4 |
| How important is it to make straight As? | 1   2 3   4 | 1   2 3   4 |
| How important is it to get into the AVID program? | 1   2 3   4 | 1   2 3   4 |

**AVID program Application-Parent Recommendation**

Your child is applying for the AVID program at GMS. Parent involvement and support are vital parts of success in the program. For more information about the program, contact Mrs. Stipp at GMS. Please take a moment to complete this form and **return to the student in a sealed envelope** OR email the completed form to [sstipp@pasco.k12.fl.us](mailto:apalermo@pasco.k12.fl.us) **.** Completed applications are due to Gulf Middle School by April 4th .

**Please rate your child to the best of your knowledge.**

Keep in mind, an ideal AVID candidate will have struggles/weaknesses. The goal of AVID is to help students overcome these obstacles.

|  |  |  |  |
| --- | --- | --- | --- |
| **Attribute** | **Poor** | **Fair** | **Good** |
| **Ability to handle obstacles** |  |  |  |
| **Attendance** |  |  |  |
| **Punctuality** |  |  |  |
| **Peer relationships** |  |  |  |
| **Time management** |  |  |  |
| **Organization** |  |  |  |
| **Overall personal motivation** |  |  |  |

|  |
| --- |
| **Additional comments about character, work habits, home life, background, leadership, need for AVID…** |
|  |

*By signing below, I give permission for my student to apply for AVID and understand my role is to fully support him/her by being as involved as possible in my student’s education.*

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*By signing below, I understand my responsibilities should I be chosen as an AVID student. I am fully committed to working hard and preparing myself for college.*

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following student is applying for the AVID program. Teacher recommendations are a vital part of successful placement. Please take a moment to complete this form and **return to the student in a sealed envelope** OR email the completed form to [sstipp@pasco.k12.fl.us](mailto:apalermo@pasco.k12.fl.us) **.** Completed applications are due to Gulf Middle School by April 4th. Thank you in advance for your help.

**AVID program Application-Teacher Recommendation**

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Class Grade \_\_\_\_\_\_\_\_**

**Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What AVID is…**

* A research-based program that assists motivated students and provides them with support and tutoring to enable them to succeed in advanced classes
* An in-school academic class that prepares students for college

**What AVID isn’t…**

* A remedial program
* A free ride

**Please rate the student to the best of your knowledge. Keep in mind, an AVID student may have struggles/weaknesses that make him/her an ideal candidate.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attribute** | **Poor** | **Fair** | **Good** | **Top**  **10%** | **No Basis for Judgment** |
| **Personal character** |  |  |  |  |  |
| **Ability to handle obstacles** |  |  |  |  |  |
| **Attendance** |  |  |  |  |  |
| **Punctuality** |  |  |  |  |  |
| **Voluntary participation** |  |  |  |  |  |
| **Peer relationships** |  |  |  |  |  |
| **Time management** |  |  |  |  |  |
| **Organization** |  |  |  |  |  |
| **Overall personal motivation** |  |  |  |  |  |

|  |
| --- |
| **Additional comments about character, work habits, home life, background, leadership, need for AVID…** |
|  |

**Is the student ☐ currently in an advanced class ☐ capable of being in an advanced class next year, or**

**☐ unlikely to succeed in an advanced class?**

**Which advanced content area(s) could he/she be successful in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AVID program Application-Teacher Recommendation**

The following student is applying for the AVID program. Teacher recommendations are a vital part of successful placement. Please take a moment to complete this form and **return to the student in a sealed envelope** OR email the completed form to sstipp@pasco.k12.fl.us **.** Completed applications are due to Gulf Middle School by April 4th . Thank you in advance for your help.

**Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Class Grade \_\_\_\_\_\_\_\_**

**Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What AVID is…**

* A research-based program that assists motivated students and provides them with support and tutoring to enable them to succeed in advanced classes
* An in-school academic class that prepares students for college

**What AVID isn’t…**

* A remedial program
* A free ride

**Please rate the student to the best of your knowledge. Keep in mind, an AVID student may have struggles/weaknesses that make him/her an ideal candidate.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attribute** | **Poor** | **Fair** | **Good** | **Top**  **10%** | **No Basis for Judgment** |
| **Personal character** |  |  |  |  |  |
| **Ability to handle obstacles** |  |  |  |  |  |
| **Attendance** |  |  |  |  |  |
| **Punctuality** |  |  |  |  |  |
| **Voluntary participation** |  |  |  |  |  |
| **Peer relationships** |  |  |  |  |  |
| **Time management** |  |  |  |  |  |
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| **Overall personal motivation** |  |  |  |  |  |

|  |
| --- |
| **Additional comments about character, work habits, home life, background, leadership, need for AVID…** |
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**Is the student ☐ currently in an advanced class ☐ capable of being in an advanced class next year, or**

**☐ unlikely to succeed in an advanced class?**

**Which advanced content area(s) could he/she be successful in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**