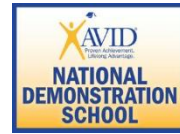


# 5<sup>th</sup> Grade APPLICATION FOR DARTMOUTH AVID 2019-2020

(Applications due to your teacher by Friday, March 22nd)



5<sup>th</sup> Grade Teacher/School: \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Are you willing to take AVID as your elective for the entire school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you and your parent(s) understand that **parent participation** is an essential part of your success and the success of the program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have any of your family members attended college? \_\_\_\_\_ Yes \_\_\_\_\_ No

What subject area is your strength?

What subject area is your weakness?

*Please write one paragraph in the space below explain the following (attached separate sheet if more space is needed):*

## **Why do you want to be a part of Dartmouth Middle School AVID?**

---

---

---

---

---

---

---

---

---

---

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

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

AVID is an elective course for two or three years in middle school and four years in high school. This course will prepare students for the rigors of college classes by providing study and organizational skills as well as tutorial help from college mentors.

**Profile of an AVID student:**

- **Mostly A, B's and some C's**
- **Average to high test scores**
- **Socio/economically disadvantaged**
- **Highly motivated**

Students, please read and sign the Terms of Agreement for Enrollment in AVID and submit with this application. For more information, please call or email Mrs. Dobbins (951) 765-2550 or **ndobbins@hemetusd.org**

Initial \_\_\_\_\_ I agree to enroll in the AVID class for the entire academic year.

Initial \_\_\_\_\_ I agree to take notes in all my core subject areas as required in AVID.

Initial \_\_\_\_\_ I agree to keep my binder organized as required by AVID.

Initial \_\_\_\_\_ I agree to maintain good attendance and be punctual for all my classes.

Initial \_\_\_\_\_ I agree to participate fully in tutorials as required by AVID.

Initial \_\_\_\_\_ I agree to participate in field trips, college visitations and other AVID activities.

Initial \_\_\_\_\_ I agree to keep my parent(s) fully informed of AVID program activities.

Initial \_\_\_\_\_ I agree to complete all my assignments in all classes including AVID.

Initial \_\_\_\_\_ I agree to ask for help, talk to my AVID teacher or counselor if necessary.

Initial \_\_\_\_\_ I agree to keep a positive attitude and be enthusiastic about preparing for college.

Initial \_\_\_\_\_ I agree to abide by the behavior expectation set forth in the DMS student planner.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Parent Signature)

## **Parent Acknowledgement**

***PARENTS-***

Parental support of AVID students is an essential part of a successful experience in secondary school and in college. By signing below, you agree to support your students in the following ways:

I/We the parent(s) of \_\_\_\_\_ agree

Initial \_\_\_\_\_ That our student desires to be prepared to enter a 4-year university after high school.

Initial \_\_\_\_\_ That our student will be enrolled in the most rigorous college-prep curriculum at DMS.

Initial \_\_\_\_\_ To support the AVID program and stay in contact with the AVID teachers.

Initial \_\_\_\_\_ To encourage our student to maintain the goal of academic success in secondary school.

Initial \_\_\_\_\_ To insure that our student maintains superior attendance.

Initial \_\_\_\_\_ To monitor my student's progress on a regular basis.

Initial \_\_\_\_\_ To provide my student with the support needed to fulfill the requirement of AVID at Dartmouth Middle School.

\_\_\_\_\_  
(Print Parent Name)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**(Please return the completed packet to your current 5<sup>th</sup> grade teacher by Friday, March 22nd)**

# Dartmouth AVID Teacher Recommendation for New 6<sup>th</sup> Grade Students



Student's Name: \_\_\_\_\_

Teacher Name/School Site: \_\_\_\_\_

AVID is an elective course for two or three years in middle school and four years in high school. This course will prepare students for the rigors of college classes by providing study and organizational skills as well as tutorial help from college mentors.

### Profile of an AVID student:

- Mostly A's, B's with some C's
- Average to high test scores
- Socio/economically disadvantaged
- Highly motivated

Thank you very much for taking the time to fill out this form. Each student applying for Dartmouth's AVID program is required to have a teacher recommendation. It is important that this form remain confidential so evaluations may be made honestly. Your comments will assist in finding students who are enthusiastic about preparing for college! Please complete the form and return it to Mrs. Dobbins at Dartmouth Middle School.

### Score on a scale of 1-5, one being poor/low, five being excellent/high.

\_\_\_\_\_ Attendance/promptness/tardies      \_\_\_\_\_ Responsibility/dependability      \_\_\_\_\_ Leadership  
\_\_\_\_\_ Attitude towards peers      \_\_\_\_\_ Attitude towards authority      \_\_\_\_\_ Work Ethic (Willingness to work hard)  
\_\_\_\_\_ Total (Score should be between 18 and 30 with no 1's or 2's to nominate)

**\*\*\*Not all of the nominated students can participate in AVID next year because only a limited number of spaces are available. If you feel that this candidate should definitely be in AVID next year, please explain what makes this candidate exemplary. Accordingly, please let us know of any reservations you may have for this candidate. (Attach addition page if necessary)**

Would you recommend this student for AVID next year?    YES      NO

Teacher Comments:

---

---

---

---

---

Teacher Signature \_\_\_\_\_