

AVID Student Application

Please submit all completed applications to the school's counselor, AVID teacher, or AVID Coordinator

Student Information

Last Name _____ First Name _____
Address _____ Date of Birth _____
City _____ State _____ Zip _____
Current School _____ Year in School _____
Cell Phone _____ Student Email _____

Parent/Guardian Information

Parent/Guardian Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Parent Email _____

Do you and your parent/guardian understand that parent participation is an essential part of your success and the success of AVID? YES NO

Do you understand the requirement of AVID is that your child will take four (4) years of the AVID elective and a minimum of four (4) years of the same foreign language? YES NO

Student Signature _____

Parent/Guardian Signature _____

Please type in complete sentences when you respond and attach on a separate sheet of paper.

1. What do you know about AVID and the expectations of you as an AVID student?
2. List up to 3 goals that you have for high school and what you will do to reach them?
3. Please explain why you should be accepted in AVID?

AVID | Teacher & Team Recommendation Form

Student's Name: _____

Teacher's Name: _____

Course: _____

_____ Academic

_____ Honors

Directions: Please circle the number (1-5) that corresponds to your level of agreement with the following statements. This form will be used as a tool to determine a student's readiness for AVID support so please answer honestly. If you have additional comments about any specific item or items, please write them in the space provided at the bottom and on the back of this form if necessary.

1 = Strongly DISagree 2 = DISagree 3 = neutral 4 = Agree 5 = Strongly Agree

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|--|---|---|---|---|---|
| 1. This student has shown a willingness to ask for help when it is needed. | 1 | 2 | 3 | 4 | 5 |
| 2. This student has the necessary writing skills to be successful in high school honors courses. | 1 | 2 | 3 | 4 | 5 |
| 3. This student's reading level is at an appropriate level for him/her to be successful in high school honors courses. | 1 | 2 | 3 | 4 | 5 |
| 4. This student will benefit from AVID. | 1 | 2 | 3 | 4 | 5 |
| 5. I believe that this student will have a successful experience with AVID. | 1 | 2 | 3 | 4 | 5 |

Additional Comments:

AVID | Student Checklist

This form is to be completed by the AVID Counselor.

Student Name: _____ Current Grade: _____

Current School: _____ AVID Counselor: _____

Attendance Record: Please mark the appropriate number for the student's 1st semester attendance.

0-3 absences 4-7 absences ___ 8-11 absences 12-14 absences 15+ absences

Discipline Referrals: Please mark the appropriate number of discipline referrals for student.

0 referrals 1 referral 2 referrals ___ 3 referrals ___ 4+ referrals

Current Class Schedule: Please indicate if the student is enrolled in the following courses.

3+ Honors Classes 2 Honors Classes 1 Honors Class Not enrolled in Honor Classes

2nd Quarter Final Grade: Fill in with letter grade.

___ Reading ___ Math

Qualifies for free or reduced lunch: Please circle your response

YES NO

Comments: