

**BRADEN RIVER HIGH SCHOOL
Advancement Via Individual Determination
School Year 2020-2021**



(Application, cont.)

Academic Honors:

Briefly describe any scholastic distinctions or honors you have earned beginning with the sixth grade.

Extracurricular, Personal, and Volunteer Activities:

(Please list your main extracurricular, community, and family activities and hobbies in the order of their interest to you. Include specific events and/or major accomplishments such as musical instruments played and/or sports team participation, etc.)

Opportunity to Share Attendance & Behavior Challenges:

1. How often are you absent from or tardy to class? Explain.

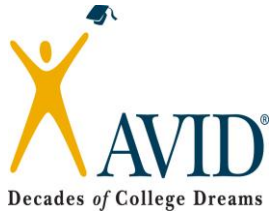
2. Describe a past conflict with another student or staff member. How was it was resolved?

To the best of my knowledge, all information is provided on this form is correct. I support my child's interest in joining the AVID program in the **Manatee School District**

Student Signature

Parent/Guardian Signature

**Students who wish to be considered for the AVID program must return this form to
Mrs. Cooper RM 733 or Mrs. Rouse RM 604 by Friday February 21, 2020**



BRADEN RIVER HIGH SCHOOL
Advancement Via Individual Determination
School Year 2020-2021



(Application, cont.)
Student Information

This information will assist us in identifying possible candidates who best fit the AVID profile. Please complete the following questionnaire. This information is confidential and will only be used by the AVID site team for placement.

1. Parent/Guardian's Highest Educational Level

- Did not graduate high school
- Graduated high school
- Completed some college
- Graduated college
- Post Graduate Education

3. Ethnic Background (Mark all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/ Latino |
| <input type="checkbox"/> American Indian/ Alaska Native | <input type="checkbox"/> White/ non-Hispanic |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Filipino | |

3. Student gender Female Male

4. Supplemental Criteria: What other languages do you speak at home?

5. Supplemental Criteria: Please record any challenges or circumstances you have faced (optional).

Students who wish to be considered for the AVID program must return this form to Mrs. Cooper RM 733 or Mrs. Rouse RM 604 by Friday, February 21, 2020

(Application, cont.)

Student Name: _____

Student I.D. #: _____

Student Short Answer Questions

1. What do you like the most about school? What do you like least about school? Explain.
2. What about the AVID program appeals to you? If you have previously participated in the AVID program, what did you gain from the experience and why do you want to continue? What makes you a strong candidate for the AVID program?
3. What is the biggest obstacle you have ever had to overcome and how did you do it?
4. What are your academic goals for the future? What colleges and majors are you interested?
5. Why do you believe college to be important? Will you be the first member of your family to go to college? If so, how does that make you feel?

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AVID Teacher Recommendation Form

Recommendation for: _____
(Student's Full Name)

Student's School: _____

I recommend the above named student as a candidate for Braden River High School's AVID program. I have known him/her for _____ as a student in my _____ class. This student has the potential to go to college, and I believe that the AVID program will help him/her achieve this goal. Please consider him/her for participation in this elective program.

(teacher's signature)

(date)

Please rate this student on a scale of 1 – 5 with 5 as excellent, 3 as average, and 1 as not a strength.

| | | | |
|---|-------|--------------------------------------|-------|
| General Behavior | _____ | School Attendance | _____ |
| Organizational Skills | _____ | Internal Motivation | _____ |
| Turning assignments in on time | _____ | Writing Skills | _____ |
| Willing to accept support | _____ | Ability to work w/ other students | _____ |
| Ability to do honor's work w/extra support | _____ | | |

** Note: If you need to speak directly with the BRHS AVID coordinator, contact Cindy Cooper via email or call 751-8230, ext. 2177- Return form to Teacher Mailbox (Cooper or Rouse) by 2/28/20

(cut along this line)



AVID Teacher Recommendation Form

Recommendation for: _____
(Student's Full Name-Printed)

Student's School: _____

I recommend the above named student as a candidate for Braden River High School's AVID program. I have known him/her for _____ as a student in my _____ class. This student has the potential to go to college, and I believe that the AVID program will help him/her achieve this goal. Please consider him/her for participation in this elective program.

(teacher's signature)

(date)

Please rate this student on a scale of 1 – 5 with 5 as excellent, 3 as average, and 1 as not a strength.

| | | | |
|---|-------|--------------------------------------|-------|
| General Behavior | _____ | School Attendance | _____ |
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