



AVID Tutor Application 2020-2021

Current Schedule(Class/Teacher/RM #)

1st:
2nd:
3rd:
4th:
5th:
6th:
7th:

(You may type or handwrite your responses)

Name _____

Your cell number _____ Your email address _____

What is the highest level of math you have completed? _____

What is your strongest academic area? _____

What is your weakest academic area? _____

Which, if any, Advanced Placement or Dual Enrollment classes have you taken?

What AP and/or DE classes do you intend to take as a senior? _____

Do you plan to attend college immediately following graduation, i.e. fall of 2019? _____

Briefly explain where you hope to attend as a first choice and why. _____

In what extra-curricular clubs/sports do you participate? _____

Discuss briefly why you would like to be an Avid tutor: _____

Will you be the first member in your immediately family to attend college? _____

The AVID program works with students who are committed to attending college but may be from a circumstance or group which is traditionally underrepresented in college, i.e. single parent home, economically disadvantaged, the first in the family to attend college, etc.

What would you bring to that setting if you were selected to be an AVID tutor? _____

What do you consider to be your biggest challenge if you are selected as a tutor? _____

If I am selected as a tutor, I would prefer to work with (Rank 1 – 4):

_____ 9th grade

_____ 10th grade

_____ 11th grade

_____ 12th grade

_____ I am comfortable with any assignment.

Do you have any questions about AVID Tutoring? _____

Thank you so much for expressing interest in becoming an Avid tutor. I will be contacting you in the next few weeks with more information. I look forward to meeting you and am excited about how this opportunity can make a difference in your life and the lives of others.

Mrs. Cooper

cooperc@manateeschools.net

Return Application to Mrs. Cooper RM 733 or Mrs. Rouse RM 604 by Friday February 21,2020



BRADEN RIVER HIGH SCHOOL
CROSS-AGE TUTOR TEACHER RECOMMENDATION FORM

Student Name _____
Course _____

Teacher Name _____

Please rate the student on the criteria listed below; 1 is the lowest, 5 is the highest.

Organizational Skills	1	2	3	4	5	NA
Motivation	1	2	3	4	5	NA
Initiative	1	2	3	4	5	NA
Leadership Potential	1	2	3	4	5	NA
Responsibility	1	2	3	4	5	NA
Participation	1	2	3	4	5	NA

Additional Comments: _____

Please return to Cindy Cooper's mailbox by Friday February 21,2020

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