Part 1

LHMS AVID Student Agreement

Student Name_____________________________Enrollment date: ____________

AVID is an elective college preparatory program that prepares students to attend a four-year college upon high school graduation.

Student Goals:

1. Academic success in college preparatory courses.
2. Successful completion of college eligibility requirements
3. Enrollment in college prep-courses throughout high school to ensure enrollment in a four-year college or university after high school.

Student Responsibilities:

1. Maintain satisfactory citizenship and attendance in all classes.
2. Maintain enrollment in college preparatory classes.
3. Enrolled in most rigorous classes appropriate to student on campus
4. Maintain at least a B average in all academic classes
5. Maintain an AVID binder with a planner, dividers, pencil pouch, Cornell notes, Learning Logs, assignments and tutorial sheets.
6. Take Cornell notes and learning logs in all academic classes.
7. Complete all homework assignments and commit to at least hour and a half of homework every night.
8. Participate in AVID tutorials twice a week.
9. Participate in AVID field trips and activities.

Student Agreement:

I agree to accept enrollment into the AVID elective class, which will offer me academic support. I want to succeed, and I understand that I must take individual responsibility for my own success. I agree to remain in the AVID elective class for at least one school year. I will be allowed to remain in AVID only if I meet the student responsibilities listed above.

Student Signature: ________________________________

Parent Agreement:

We agree to support the efforts of the student in meeting these goals.

Parent's/Guardian's Signature: ________________________________

_______ Parent/Guardian Initials only indicate a review of the forms and is not an automatic enrollment of son/daughter into the AVID program.
AVID Application

Student Name: __________________________ ID Number: ______________

Grade Level Next School Year Date of Birth

Parent/Guardian Name(s): __________________________
Street Address __________________________
Home Phone: __________________________
Work Phone(s): __________________________
Cell Phone: __________________________
Email Address(es): __________________________

Parent/Guardian Survey:
Are you a single parent? Yes No
Are there 4 or more members in the family? Yes No
Is anyone in your immediate family a college graduate? Yes No

Did you pass the Math STAAR Test? Yes No
Did you pass the Reading STAAR Test? Yes No
Did you pass the Writing STAAR Test? Yes No

Approximately how many days have you been absent this year? __________
Approximately how many times have you received a MOR this year? __________
Approximately how many office referrals do you have this year? __________

Do you feel that there are any special needs I should know about your child? If so, what are they? __________________________

If accepted into AVID, your child may be placed in Pre-AP Math, with previous approval from prior math teacher. List any other Pre-AP class(es) you would like/to add. To be in AVID, you must be enrolled in at least one Pre-AP class.

I, __________________________ give my permission for my son/daughter to apply for entrance into the AVID program.

__________________________
Signature of Parent/Guardian

Complete the AVID application and return it to Ms. Anderson at the address listed above or in room 305. If you have any questions, please call 254-336-1370 or email ronda.anderson@killeenisd.org.
Part 2
LHMS - AVID WRITTEN INTERVIEW QUESTIONS
Student must complete independently.

Student Name: ___________________________ Date: ____________________

Please answer the following questions in complete sentences. Use the space provided for your answers; do not attach extra pages.

1. Explain what you like most about school.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Describe what is most difficult or challenging for you in school. What have you done in the past when you had difficulty in class?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Why do you want to be in AVID?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Do you dream of going to college? Why or Why not?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Continue Part 3 and Part 4.
AVID Application – Short Essays
Part 3

AVID is an elective class designed to help prepare students for college. In addition to teaching students the skills necessary to succeed in college classes, AVID helps students in their current classes by giving them tools to be more successful. As a class meant to help students prepare for college – level courses, AVID is an elective with challenging and demanding high expectations for students who have been accepted into the program.

Please complete this form and return it to your AVID teacher or counselor ASAP.
Student Name: ___________________________  ID #: ___________________________

In paragraph form, please answer any two of the following questions on the back of this paper. If you prefer, you may type it or write it on another sheet of paper. While there is no length requirement, the thoughtfulness and clarity of your response is important. Please use this opportunity to help us to get to know you as a learner!

1. Why do you want to be in AVID?
2. Describe yourself as a learner.
3. Why do you want to go to college?
4. Describe one of your biggest, dearest dreams of your life.
5. Why will you succeed in a challenging, college – bound academic program?
6. What hurdles might you face and what help do you need to overcome them?

By submitting this application, I understand that acceptance in AVID means committing to a rigorous academic program which include Pre – AP courses, daily note taking in all classes, maintaining an organized binder, a B or higher average in all classes, and other AVID strategies. I also understand that I will always be supported in these challenges by the entire Liberty Hill Middle School staff, especially my AVID teacher, counselor, and my AVID peers.

Student Signature: ___________________________

My child has explained the AVID elective class to me and shared the information provided to him/her at school as well as on the application. I understand that my child will be asked to take rigorous coursework and that the AVID elective class is provided as a support to my student in their academic success. I understand that AVID is NOT a remedial program or a free ride. I understand that the goal of AVID is that my child will be able to apply, accepted, and graduate from a four – year university.

Parent/Guardian Signature: ___________________________

Please return this form to the AVID Coordinator, Ms. Anderson, or counselor ASAP.
Use the space provided below to answer TWO of the questions from the previous page.
Part 4
Teacher Recommendation Form

AVID RECOMMENDATION FORM

AVID is a college readiness program designed for students who would be considered in the academic middle, who also have determination to work hard, and a desire to go to college after high school graduation. The program is voluntary and designed for a group of selected students who fit certain criteria. The student listed below has applied to participate in AVID.

Please assist by completing this form and returning it to the school AVID Coordinator, Ronda Anderson, as quickly as possible.

Student’s Name: ___________________________ Student ID: _____________

Teacher: Please check in the appropriate column that fits the student being recommended.

<table>
<thead>
<tr>
<th></th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
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<tbody>
<tr>
<td>1.</td>
<td>Ability to follow instructions</td>
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<td>2.</td>
<td>Social skills (gets along well/respect for others)</td>
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<td>3.</td>
<td>Demonstrates dependability</td>
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<td>4.</td>
<td>Self-motivated</td>
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<td>5.</td>
<td>Demonstrates responsibility (directs energies toward tasks)</td>
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<td>6.</td>
<td>Demonstrates enthusiasm in performing assigned tasks</td>
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<td>7.</td>
<td>Strives for excellence</td>
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<td>8.</td>
<td>Punctual</td>
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<td>9.</td>
<td>Mentally alert (organization skills/problem-solving skills)</td>
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<td>10.</td>
<td>Demonstrates proper etiquette and manners</td>
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<td>11.</td>
<td>Respectful to adults &amp; well – behaved in class</td>
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<td>12.</td>
<td>Demonstrates integrity/honesty</td>
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<td>13.</td>
<td>Demonstrates optimism and self-respect</td>
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<td>14.</td>
<td>Capacity to try new ideas and increase knowledge</td>
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<td>15.</td>
<td>Attitude toward constructive criticism</td>
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<td>16.</td>
<td>Ability to adapt to change</td>
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<td>17.</td>
<td>Cooperates with others</td>
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<td>18.</td>
<td>Communication skills</td>
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<td>19.</td>
<td>Demonstrates attention to detail</td>
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<td>20.</td>
<td>Ability to set realistic goals</td>
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21. Do you recommend this applicant for the AVID program?

☐ Yes    ☐ No

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

______________________________  ________________________________
Print Name                     Date

______________________________  ________________________________
Signature                      Subject Area

Teacher will need to submit the recommendation form to Ms. Anderson directly by placing it her mailbox or give to the counselor. The student applicant will NOT be allowed to see what the teacher submits.
Before submitting your application, look over the following checklist to make sure you have completed each part.

Checklist for Applicants:

Did you:

- Part 1 completed?
- Part 2 completed?
- Part 3 completed?
- Part 4 completed?
- Completely and truthfully answer all of the questions on this application?
- Carefully consider one teacher who can serve as a reference for you and submit form to teacher to fill in and return to appropriate person.
- Attach a copy of your most recent report card to this application?
- Check your application for accuracy?
- Read the entire AVID Application and have signatures in all designated areas?
- Understand that a Pre AP class is a requirement for the AVID Program. (See Ms. Mejias for more info.)