



Mansfield Independent School District AVID Letter of Recommendation

Student is applying to (circle one): Howard	d Jobe	D. Jo	nes Cob	le Worley	y West	er
Mansfield	Lal	ke Ridge	Legacy	Summit	Timber	view
Student:						
Current Grade Level/School			Da	ate:		
What Pre-AP course(s) would this student b	e most s	successful	in:			
 AVID is An acronym that stands for Advan An in-school academic class that p Places motivated, proficient studer Targets the average and above stude without a college-going tradition in AVID is NOT A remedial program. A quick fix for student problems A study hall class Easy 	orepares s nts in adv dent who n his/her	students f vanced cla o is capab family.	or college asses and p le of compl	eligibility ar vrovides supp leting a colle	port with t	tutoring. path and/or students
<u>Teachers:</u> Please rate the student to the be the future success of this student in the AVI	ID progr	am. This	will be kep	pt confidenti	ial. Thank	k you for your time.
Attribute	Poor	Fair	Good	Exception (Top 10%)		No Basis for Judgment
Personal Character						
Capability of handling obstacles						
Personal initiative & responsibility						
Completes homework on time						
Participation in class						
Relationship to peers						
Personal motivational level						
Any other comments about their character,	work/stu	dy habits	, family ba	ckground, h	ome life	
Teacher Signature:						
School Name:	Pho	ne #		E-mail		

by March 20, 2015

Please return this form to ______Your advisory teacher



AVID APPLICATION



Advancement Via Individual Determine: is a college readiness program designed to support student success in a rigorous course of study that will enable them to be accepted and prepared for a four-year university.

Please indicate which campus you are applying to: **Middle Schools High Schools** Coble MS Legacy HS Jobe MS Mansfield HS **Howard MS** Lake Ridge HS Wester MS Summit HS Worley MS **Timberview HS** D. Jones MS Last First M. Parent/ Guardian Name Daytime Phone Number Address City Zip Telephone Number Parent E-mail Address Please complete the application in its entirety the information is used to determine eligibility. 1. Describe why you have chosen to apply to the AVID program and what you believe you can contribute to the program. Include your strengths as well as your future goals (½ to ¾ page). Complete and attach on a separate page. 2. List all household members and their relationship to you:

3. Have you taken a Pre-AP course this year? Please list course and last grade received.

4. Did your mother graduate from college? If so, list the university attended/degree obtained.
5. Did your father graduate from college? If so, list the university attended/degree obtained.
6. Do you qualify for the Free/ Reduced Lunch program?
7. Do you receive services from any special programs such as Gifted & Talented, Special Education, 504, ESL?
8. How would you describe your current grades?
A's & B's B's & C's Mostly C's
9. Please indicate the number of school days you have missed this year
10. Please indicate the number of office referrals you have received this year
Typing your name will indicate your agreement with the following statements and is required for application consideration.
As a parent or guardian, you must support your child in his or her attempt to pursue the dream of going to college and be an advocate for his or her success. I am willing to attend at least one informational meeting about AVID and help ensure that my child is studying after school and keeping an organized binder and planner.
Parent Name
As an AVID student, I will maintain passing grades and acceptable citizenship.
Student Name

by March 20, 2015.

Upon completion of the application, return to **Your advisory teacher**