



# AVID 8<sup>th</sup> Grader Application

## 2020-2021 School Year

### Due: Friday, January 31<sup>st</sup>



**ADVANCEMENT VIA INDIVIDUAL DETERMINATION**  
COLLEGE & CAREER READINESS PREPARATORY PROGRAM

*Decades of College Dreams*

Deltona High School  
100 Wolf Pack Run  
Deltona, Florida 32725

**Please READ carefully over entire application**

*We will begin contacting candidates in early April to set up interviews. The recruitment team will mail acceptance/waitlist notifications at the beginning of May*

Please submit the following documents in order to complete your AVID application:

- Copy of most recent **2019 -2020 Report Card OR Transcript** (*see counselor for help with this*)
- Completed **Student Questionnaire** (located in application packet)
- Signed AVID Sample Student Agreement (parent/guardian and student signatures)
- TWO Completed Teacher Recommendation Forms** (located in application packet)
  - *Math & ELA are required, third is optional*
  - *Student does not retrieve.. Reference will send to Ms. Hauser either by county mail or email.*
- All documents sent **to:**

**Ms. Shannon Hauser/AVID Coordinator**

**Deltona High School/Room 4-11**

[sehauser@volusia.k12.fl.us](mailto:sehauser@volusia.k12.fl.us)

Student Information:

		<b>8<sup>th</sup></b>	
Last Name	First Name	<b><u>CURRENT Grade Level</u></b>	Alpha Code
Address	City	Zip Code	
Student Email Address	Student Cell Phone Number	Adult T-Shirt Size	
Parent/Guardian Name	Parent Email Address for Contact	Parent BEST Phone Number	

**Student Questionnaire:** This information will help identify students who best fit the AVID program. The information is confidential and will only be used by the AVID site team for placement into the AVID program.

Previously enrolled in AVID (Circle One):                      Yes                      No

If Yes, circle all grade levels you have been in the AVID elective:    6    7    8    9    10    11

Middle School you are either attending, or attended: \_\_\_\_\_

Parent/Guardian #1 Highest Education Level:	Parent/Guardian #2: Highest Education Level
<input type="checkbox"/> Did not graduate high school <input type="checkbox"/> Graduated high school <input type="checkbox"/> Completed some college/trade school <input type="checkbox"/> Graduated college with a bachelors <input type="checkbox"/> Post-graduate education (masters, etc.)	<input type="checkbox"/> Did not graduate high school <input type="checkbox"/> Graduated high school <input type="checkbox"/> Completed some college/trade school <input type="checkbox"/> Graduated college with a bachelors <input type="checkbox"/> Post-graduate education (masters, etc.)

Ethnic Background (check all that apply):

- African American
- Native American/Alaska Native
- Asian
- Hispanic/Latino
- Filipino
- White
- Pacific Islander
- Other: \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

What challenges will you face getting in meeting your post-secondary goals (check all that apply):

- I need scholarships to pay for college because my family may not be able to afford it.
- I need information about how to apply for colleges and scholarships.
- I need help finding the right colleges for me.
- I need information about the right classes to take in order to get into college.
- I need help studying and staying organized so that I can maintain good grades in high school.
- I need help choosing dual-enrollment courses to take during high school.
- I need help creating a resume and learning how to get letters of recommendation.
- I need help learning about the importance of maintaining a high GPA in school.
- I need a “family” style environment for the 4-years in high school to have a sense of community.
- I need help getting involved in clubs/extra-curricular activities at Deltona High School.

Are you eligible for free or reduced lunch (Circle One)?    Yes                      No                      Unsure

Current Cumulative GPA: (unweighted GPA) \_\_\_\_\_ (weighted GPA) \_\_\_\_\_

**\*\*Please sign this sample contract as an indication of your understanding of the AVID expectations. The official contract will be part of the syllabus at the beginning of the school year. \*\***

### A.V.I.D. 2020-2021 SAMPLE CONTRACT

AVID is a program which prepares students for four-year college eligibility and success

#### Student Goals:

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

#### Student Responsibilities:

1. I am a LEADER at ALL times. I will take responsibility for my own learning/actions, and will maintain satisfactory citizenship and attendance in all of my classes. All my social media accounts, texts, and e-mail will remain appropriate, positive, and respectful.
2. I will maintain a minimum 3.0 overall GPA or will be placed on a probationary contract.
3. I will stay on track to graduate high school in 4 years, earning all required credits and passing all required assessments (EOC's, FSA, Cambridge AICE, AP, etc.).
4. I will check my grades online every week and will set goals to ensure my grades are satisfactory (B or higher) in every class.
5. I will maintain enrollment in all college-prep courses, including Honors, Dual Enrollment, Advanced Placement and/or Cambridge AICE all 4 years of high school.
6. I will be an active learner, be prepared for all classes with all assigned work completed, take Focused Notes, and be an active participant in all activities.
7. I will come prepared for tutorial sessions by bringing my completed TRF, my AVID binder with Processed Notes, other resources needed, and my textbooks. I will participate actively in tutorials by asking higher level questions to help my peers, and participate with my classmates and tutors to find the answer to my points of confusion.
8. I will pursue leadership/participation in extracurricular activities and will complete community service (Goal 100+ hours by senior year).
9. I will prepare for and take college entrance exams such as the PSAT, PERT, ACT, and SAT.
10. I will participate in AVID Field Study, Fundraising, and Team Building.

#### Student Agreement:

I agree to accept enrollment into the AVID Elective class, which will offer academic support to me. I want to succeed and I understand that I must take individual responsibility for my own success. I understand I will be allowed to remain in the program only if I meet the student responsibilities outlined above. I understand that this is a choice and a responsibility. **I am choosing to take ownership of my education and my future. No one can do the work for me. I commit to working hard and using every resource provided to me.**

#### Support Agreement:

We agree to support the efforts of this student in meeting the goals outlined above. We will strive to keep his/her best interests in mind, guide him/her toward his/her goals, and encourage him/her whenever possible.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
: Parent/Guardian Signature

**Student Questionnaire Continued....**

**Answer the following questions in complete sentences:**

(You may type the questions and answers, print, then attach page to the application. Typing is not required or expected.)

1. Why do you want to be in the AVID Program at Deltona High School?

---

---

---

---

---

---

2. What are your post-secondary goals (after graduating high school)?

---

---

---

---

---

---

3. What 4 adjectives would you use to describe yourself?

---

---

4. What extracurricular activities are you currently involved in, both in and out of school (sports, clubs, community service, employment, etc...)

---

---

---

5. What do you think it means to be college, career, and life ready?

---

---

---

---

---

---

**\*Applicants should write their name on the following recommendation forms. Hand them off to be completed by your Math & ELA Teachers. Please submit pages 1-4 of the application by January 31<sup>st</sup> to Ms. Hauser at Deltona High School: Room 4-11 or through email: [sehauser@volusia.k12.fl.us](mailto:sehauser@volusia.k12.fl.us)**

Math Teacher's Name \_\_\_\_\_ ELA Teacher's Name \_\_\_\_\_

**Deltona High School AVID**  
**MATH: 2020 - 2021 Teacher Recommendation Form**

Applicant's Name: \_\_\_\_\_ Applicant's Current School: \_\_\_\_\_

The above student has applied for the AVID (Advancement via Individual Determination) program. This is a course designed primarily for students who have a **desire and determination** to pursue post-secondary goals and have the **academic potential** to be successful in the rigorous courses necessary for a college track, but who **may need additional support**. Teachers are our very best resource in identifying students who are appropriate for the AVID program, and we consider your recommendations carefully! We appreciate your feedback.

Please return this form no later than March 27, 2020, via county mail or email to:

**Ms. Shannon Hauser/AVID Coordinator**  
**Deltona High School/Room 4-11**  
[sehauser@volusia.k12.fl.us](mailto:sehauser@volusia.k12.fl.us)

Rate the student in the following categories:

**Rating Scale:**

**Check One:**

**Academic Rating**

_____ Academic Interests	4 = Superior	_____ I strongly recommend
_____ Study Habits	3 = Above Average	_____ I recoment
_____ Motivation	2 = Average	_____ I do not recomend
_____ Writing Ability	1 = Below Average	
_____ Attendance	0 = Nonexistent	

**Character Rating**

\_\_\_\_\_ Maturity  
 \_\_\_\_\_ Leadership  
 \_\_\_\_\_ Cooperation  
 \_\_\_\_\_ Personal Conduct  
 \_\_\_\_\_ Concern/respect for others

<i>Check one in each Row</i>	Never	Sometimes	Always
Do you believe this student would benefit from the supports offered in the AVID program?			
Does this student seem to have post-secondary potential or focused career goals?			
Does this student collaborate well with others?			
Would this student benefit from a "family" environment during their 4-years of high school?			

**Additional Comments to support above ratings:** Please comment below, attach or email any additional information that could be helpful in evaluating this candidate. Your recommendation will remain confidential



## Deltona High School AVID English-Language Arts 2020 - 2021 Teacher Recommendation Form

Applicant's Name: \_\_\_\_\_ Applicant's Current School: \_\_\_\_\_

The above student has applied for the AVID (Advancement via Individual Determination) program. This is a course designed primarily for students who have a **desire and determination** to pursue post-secondary goals and have the **academic potential** to be successful in the rigorous courses necessary for a college track, but who **may need additional support**. Teachers are our very best resource in identifying students who are appropriate for the AVID program, and we consider your recommendations carefully! We appreciate your feedback.

Please return this form no later than March 27, 2020, via county mail or email to:

**Ms. Shannon Hauser/AVID Coordinator**  
**Deltona High School/Room 4-11**  
[sehauser@volusia.k12.fl.us](mailto:sehauser@volusia.k12.fl.us)

Rate the student in the following categories:

**Rating Scale:**

**Check One:**

- 4 = Superior
- 3 = Above Average
- 2 = Average
- 1 = Below Average
- 0 = Nonexistent

- \_\_\_\_\_ I strongly recommend
- \_\_\_\_\_ I recoment
- \_\_\_\_\_ I do not recomend

**Academic Rating**

- \_\_\_\_\_ Academic Interests
- \_\_\_\_\_ Study Habits
- \_\_\_\_\_ Motivation
- \_\_\_\_\_ Writing Ability
- \_\_\_\_\_ Attendance

**Character Rating**

- \_\_\_\_\_ Maturity
- \_\_\_\_\_ Leadership
- \_\_\_\_\_ Cooperation
- \_\_\_\_\_ Personal Conduct
- \_\_\_\_\_ Concern/respect for others

<i>Check one in each Row</i>	Never	Sometimes	Always
Do you believe this student would benefit from the supports offered in the AVID program?			
Does this student seem to have post-secondary potential or focused career goals?			
Does this student collaborate well with others?			
Would this student benefit from a "family" environment during their 4-years of high school?			

**Additional Comments to support above ratings:** Please comment below, attach or email any additional information that could be helpful in evaluating this candidate. Your recommendation will remain confidential





**Deltona High School AVID**  
**Optional 2020 - 2021 Recommendation Form**  
 (Teacher, Coach, Mentor, etc...)

Applicant's Name: \_\_\_\_\_ Applicant's Current School: \_\_\_\_\_

The above student has applied for the AVID (Advancement via Individual Determination) program. This is a course designed primarily for students who have a **desire and determination** to pursue post-secondary goals and have the **academic potential** to be successful in the rigorous courses necessary for a college track, but who **may need additional support**. You are a resource in identifying students who are appropriate for the AVID program, and we consider your recommendations carefully! We appreciate your feedback.

Please return this form no later than March 27, 2020, via county mail or email to:

**Ms. Shannon Hauser/AVID Coordinator**  
**Deltona High School/Room 4-11**  
[sehauser@volusia.k12.fl.us](mailto:sehauser@volusia.k12.fl.us)

	Never	Sometimes	Always
<b>Do you believe this student needs the support of the AVID classes?</b>			
<b>Does this student seem to have college potential?</b>			
<b>Does this student display good classroom work habits?</b>			
<b>Does this student practice good citizenship?</b>			
<b>Does this student have post-secondary goals?</b>			
<b>Would this student benefit from a "family" environment during their 4-years of high school?</b>			

Additional Comments:

---



---



---



---



---



---