



2019/20
Pasco High School
AVID Application

Advancement Via Individual Determination

Please complete the following checklist and return packet to:
Mrs. Webb
By February 8th, 2019

	Application Questions (pages 2-3)
	2 Teacher Recommendations (pages 4-5) Please have teachers send directly to Mrs. Webb at PHS via teacher mail-room or Courier.
	Writing Sample from a Core Academic Course in the 2018/19 school year. (examples: essay, research project, extended response)
	Return Complete Application Packet To your School Counselor or Mrs. Webb, PHS, Building 6, Room 020
	An interview will be scheduled upon receipt and review of completed Application Packet.

More information about the AVID program can be found online at:
www.PHS.pasco.k12.fl.us and www.avid.org

Contact Alyse Webb at PHS with questions.
alwebb@pasco.k12.fl.us
(352) 524-5522



AVID Application

Submitting the following information will assist us in identifying possible candidates who best fit the AVID profile. The information you provide is confidential and will only be used by the AVID site team for placement.

Name _____ Student Number _____

Current School and Grade Level _____

Mailing Address _____

Phone Number _____ Email _____

Parent/Guardian _____ Highest Level of Education _____

Ethnic Background

- Black, Non-Hispanic Amer. Indian or Alaskan Native
 Hispanic White, Non-Hispanic Multi/Other

List any academic or extracurricular distinctions or honors you have earned.

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

Optional – Briefly describe any challenges or circumstances you have faced.

Please answer the following questions in complete sentences. Use the space provided for your answers.

1. Explain what you like most about school.

2. Describe what is most challenging for you in school.

3. What have you done in the past when you have had trouble in a class?

4. How do you feel about working with others?

5. What are your academic goals? Do you dream of going to college? Why or Why not?

6. What about AVID appeals to you?



Teacher Recommendation for the Pasco High School AVID Program

Please return via teacher mail-room or courier to Alyse Webb, Pasco High School. Your recommendations and comments will be confidential. **Return by February 8th, 2019.**

Thank you for taking the additional time to support our student's goals and futures.

Recommendation for: _____
(student's full name)

Student's Current School: _____

I have known the above student for _____ years as a student in my _____ class.

Please rate the student on a scale of 1 – 5.
(5=excellent, 4=very good, 3=average, 2=some difficulty, 1=not a strength)

General Behavior _____	School Attendance _____
Organizational Skills _____	Internal Motivation _____
Turning Work in on Time _____	Writing Skills _____
Willing to Accept Support _____	Ability to Work with Other Students _____

Do you believe this student will be successful in Honors/pre-AICE, AP or AICE classes with the support of AVID? **Yes No other** _____

Additional insight or special circumstances regarding this student to assist in qualification for the AVID program (optional)

teacher signature

date



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Willing to Accept Support _____	Ability to Work with Other Students _____

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teacher signature

date