



Robbinsdale Area Schools
AVID APPLICATION INFORMATION
for 2014-2015



AVID is a class for students who have a GPA of 2.0-3.5 and a strong desire to go to a four-year college or university. Students in the program take the AVID class at the same time they are enrolled in rigorous courses. The class focuses on writing, critical thinking, collaboration, reading, note-taking, study skills and college/career/motivational activities. Students are expected to keep an organized binder and take notes in every class every day of the week. Tutors are in the AVID class twice per week.

If you think AVID sounds like a good class for you, complete the applications attached and *ask one teacher to complete a recommendation*.

All students who apply must also participate in an interview before they will be considered for admission.

AVID Recruiting Timeline

Winter 2014

January 6-10: AVID classroom presentations at each middle school

January 6: AVID application materials become available

January 9: 6th and 7th Grade AVID Parent Information Night at RMS and PMS, 7:00 pm

January 15: Students applying for AVID at PMS and RMS must hand out teacher recommendation requests by this date

January 22: Completed AVID applications are due in the middle school guidance departments

January 24-29: AVID Interviews at the middle schools

January 31: AVID Student Selection Committee meets in the ESC Board Room

February 5: AVID acceptance letters are mailed to families

February 13: Deadline for families to accept/decline AVID; letters of intent must be received at PMS and RMS



**Robbinsdale Area Schools
AVID APPLICATION
for 2014-2015**



Name (last, first) _____ Student ID Number _____ Birthdate: _____

Complete Address (Street, City, Zip Code) _____

Current School _____ Circle Middle School Attendance Area: RMS PMS Other: _____

(Unsure of your attendance area school? Check School Finder at www.rdale.org.)

Siblings in District 281 AVID program? No ___ Yes ___ List name(s) and current grade(s) _____

Teacher who will complete the Teacher Recommendation form - *this must be a teacher you have this school year (13-14)*:

Name: _____ School: _____

These two paragraphs are to be completed in handwriting by the student. They can be written on a separate sheet of paper.
AVID stands for Advancement Via Individual Determination. What does this mean to you? _____

Why do you want to go to college or university? _____

Student signature:(MUST be signed) _____

Parent signature: (MUST be signed) _____

Return this application form to your school's counseling office by January 22, 2014.
Make sure you give the recommendation form to a teacher at least one week before the January 22 deadline.
The teacher will complete it and return it to the Counseling Office.

Robbinsdale Area Schools
AVID PARENT/STUDENT REQUEST
for 2014-2015

For administrative purposes, we would appreciate you filling out the following information. We use these numbers to document equity and diversity within the program. The AVID Center also uses this data for its world-wide statistical reports. *This section of the application is optional and will have no bearing on whether or not you are accepted into the AVID program.*

Student name: _____

1. Which ethnic group do you, the student, represent?

___ American Indian or Alaskan Native (1)

___ Asian or Pacific Islander (2)

___ Hispanic (3)

___ Black, not of Hispanic origin (4)

___ White, not of Hispanic origin (5)

___ Bi-racial or Multi-racial (6) _____

2. Are you entitled to free or reduced lunch? Yes No

3. What language is spoken most frequently in the home?

4. What is your parent/guardian's highest level of completed education?

	Did not finish high school	Finished high school	Some college	Completed 2 year degree	Completed 4 year degree
Mother					
Father					
Step-Mother					
Step-Father					
Other					

Please return completed form with your application!

**STUDENTS: Give this form to the teacher you are asking to recommend you for AVID.
The teacher you ask *must* teach math, science, social studies or English/reading -
*this also has to be a teacher you have this school year (13-14).***

Dear Middle School Teacher,

Attached is a recommendation form for the AVID program. AVID, which stands for Advancement Via Individual Determination, is offered at both Plymouth and Robbinsdale Middle Schools. Students must apply to the program and complete an interview.

The mission of AVID is to close the achievement gap by preparing all students for college readiness and success in a global society.

The following description will assist you in understanding the program and the type of student who would benefit.

The typical AVID students are in the academic middle (B, C, possibly D students), have the desire to go to college and willingness to work hard. These students are capable of completing rigorous curriculum with support, but currently fall short of their potential.

AVID students:

- Have average to high test scores
- Have a 2.0-3.5 GPA
- Have college potential with support
- Exhibit desire and determination

AVID students typically meet one or more of the following criteria:

- First to attend college
- Underrepresented in 4-year colleges
- Low income
- Special circumstances

*Thank you for agreeing to complete this recommendation.
Please return it to your school's counseling office by **January 22, 2014.**
DO NOT return to student!!*

If you have questions, contact the following:

Plymouth: Lois Silvers at 763-504-7196 or Lois_Silvers@rdale.org
Robbinsdale: Natalie Larson at 763-504-8627 or Natalie_Larson@rdale.org
District: Stephanie Crosby at 763-504-8014 or Stephanie_Crosby@rdale.k12.mn.us



**Robbinsdale Area Schools
AVID TEACHER RECOMMENDATION FORM
for 2014-2015**



The teacher completing this form *must* be a math, science, social studies or English/reading teacher.

Student Name: _____ Middle School: _____

Teacher Name: _____ Teacher Phone#: _____

How long have you know this student, and in what capacities?

**Teacher: Do NOT return to family and keep a copy for your records:
We may need to refer to your copy in cases where the form we receive is illegible or lost.**

We rely on your experiences with this applicant. Please fill out **BOTH** sections below.

I. According to what you have seen demonstrated in class/school, how do you rate this student in the following categories?

	Low				High	Comment(s)
	1	2	3	4	5	
Completes and turns in work punctually						
Uses critical thinking skills						
Produces quality work						
Shows motivation/effort						
Has good attendance						
Has academic potential						
Has positive attitude/effort						
Shows appropriate behavior						
Participates in class						

II. IMPORTANT (must be completed): Please be candid and share insights about this student's ability to do well in a rigorous academic program. Do you have any other comments in regard to evaluating this student's desire and determination to prepare for entrance to a four-year college or university?

Teacher's signature: _____ Date: _____

Return the completed recommendation directly to your school's counseling office.

Deadline: January 22, 2014