

AVID is an elective course for two or three years in middle school and four years in high school. This course will prepare students for the rigors of college classes by providing study and organizational skills as well as tutorial help from college mentors.

Profile of an AVID student:

- **Mostly A's, B's with some C's**
- **Average to high test scores**
- **Socio/economically disadvantaged**
- **Highly motivated**

Students, please read and sign the Terms of Agreement for Enrollment in AVID and submit with this application. For more information, please call or email Mrs. Dobbins (951) 765-2550 or ndobbins@hemetusd.org

Initial _____ I agree to enroll in the AVID class for the entire academic year.

Initial _____ I agree to take notes in all my core subject areas as required in AVID.

Initial _____ I agree to keep my binder organized as required by AVID.

Initial _____ I agree to maintain good attendance and be punctual for all my classes.

Initial _____ I agree to participate fully in tutorials as required by AVID.

Initial _____ I agree to participate in field trips, college visitations and other AVID activities.

Initial _____ I agree to keep my parent(s) fully informed of AVID program activities.

Initial _____ I agree to complete all my assignments in all classes including AVID.

Initial _____ I agree to ask for help, talk to my AVID teacher or counselor if necessary.

Initial _____ I agree to keep a positive attitude and be enthusiastic about preparing for college.

Initial _____ I agree to abide by the behavior expectation set forth in the DMS student planner.

(Student Signature)

(Parent Signature)

Parent Acknowledgement

PARENTS-

Parental support of AVID students is an essential part of a successful experience in secondary school and in college. By signing below, you agree to support your students in the following ways:

I/We the parent(s) of _____ agree

Initial _____ That our student desires to be prepared to enter a 4-year university after high school.

Initial _____ That our student will be enrolled in the most rigorous college-prep curriculum at DMS.

Initial _____ To support the AVID program and stay in contact with the AVID teachers.

Initial _____ To encourage our student to maintain the goal of academic success in secondary school.

Initial _____ To insure that our student maintains superior attendance.

Initial _____ To monitor my student's progress on a regular basis.

Initial _____ To provide my student with the support needed to fulfill the requirement of AVID at Dartmouth Middle School.

(Print Parent Name)

(Parent Signature)

(Date)

(Please return the completed by Friday, March 30th)

Dartmouth AVID Teacher Recommendation



Student's Name:

Teacher Name: _____

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Thank you very much for taking the time to fill out this form. Each student applying for Dartmouth's AVID program is required to have a teacher recommendation. It is important that this form remain confidential so evaluations may be made honestly. Your comments will assist in finding students who are enthusiastic about preparing for college! Please complete the form and return it to Mrs. Dobbins at Dartmouth Middle School.

Score on a scale of 1-5, one being poor/low, five being excellent/high.

_____ Attendance/promptness/tardies _____ Responsibility/dependability _____ Leadership
_____ Attitude towards peers _____ Attitude towards authority _____ Work Ethic (Willingness to work hard)
_____ Total (Score should be between 18 and 30 with no 1's or 2's to nominate)

*****Not all of the nominated students can participate in AVID next year because only a limited number of spaces are available. If you feel that this candidate should definitely be in AVID next year, please explain what makes this candidate exemplary. Accordingly, please let us know of any reservations you may have for this candidate. (Attach addition page if necessary)**

Would you recommend this student for AVID next year? YES NO

Teacher Comments:

Teacher Signature _____