

**SOUTH HAGERSTOWN HIGH SCHOOL AVID AGREEMENT**

# Advancement Via Individual Determination

**2016-2017**

Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_

**Student Goals:**

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

**Student Responsibilities:**

1. I will maintain satisfactory citizenship, behavior, and attendance in all classes.
2. I will maintain the AVID binder with assignments written in my SHHS planner and daily notes in all classes.
3. I will maintain enrollment in college preparatory courses, including honors and Advanced Placement classes.
4. I will maintain a minimum of a 70% average in all my classes each marking period or be placed on a probationary contract.
5. I will be an active learner, be prepared for all classes with all assigned work completed, take Cornell Notes (as appropriate), and be an active participant in all activities.
6. I will actively engage in the 10 step AVID tutorial process which includes coming prepared for tutorial sessions by bringing higher-order questions, my AVID binder with Cornell notes, and my textbooks. I will also ask questions to help my peers, and participate with my classmates and tutors to find the answers to my questions.
7. I will pursue participation in extracurricular activities and community service.
8. I will prepare for and take college entrance exams such as the PSAT, SAT, ASPIRE, and ACT.

**Seniors Only:**

1. I will maintain a full 6-period schedule, with 6 academically rigorous credit bearing classes (the only exception is being an AVID tutor).
2. I will take a minimum of one AP course, one HCC Dual credit course or one Essence course.
3. I will apply to two or more 4-year colleges by January 1, 2017.

**I agree to accept enrollment into the AVID elective class, which will offer academic support. I want to succeed, and I understand that I must take individual responsibility for my own success. I understand that I will be allowed to remain in the program only if I meet the student responsibilities outlined above and realize that if I am not able to put forth such effort, I may be placed on a probationary contract or exited from the program.**

**\*\*FORM MUST BE RETURNED NO LATER THAN AUGUST 26, 2016**\*\*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Signature

**\_\_\_\_\_ We agree to support the efforts of this student in meeting the goals outlined above.**

**\_\_\_\_\_ We DO NOT wish to participate in the AVID program.**

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 AVID Coordinator Signature Parent Signature

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 AVID Elective Teacher Signature AVID Site Administrator Signature