

Student Name:

Program applied for: New Visions Engineering New Visions Health Careers Exploration

School: Counselor Name:

School Address:

City, State, Zip:

Confidentiality Waiver/Non-Waiver:

I waive my rights to review any and all comments made by others on this application. I retain my rights to review any and all comments made by others on this application.

Student Signature **X**: Date:

The above student is applying for one of three NEW VISIONS programs offered by Washington-Saratoga-Warren-Hamilton-Essex BOCES. NEW VISIONS programs enable exceptional seniors to work alongside professionals in their field of choice while they receive advanced instruction in the discipline and earn credits toward graduation. Admission is highly selective, as students from 31 school districts compete for a limited number of positions.

Please rate the applicant in the following areas and return this form in a sealed envelope to the counselor name and school address shown above.

	No Basis To Judge	1	2	3	4	5 (highest)
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School or community participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

On the back of this page, please provide a narrative with supporting or clarifying information for any or all of the above areas.

Your Name: Title:

Address: Phone:

Relationship to student: Teacher Counselor Employer Administrator Other

How long have you known the student? Signature **X**: Date:

