STEM

Directions:

1. Write your name, grade level and recommending teacher's name on the top portion of each sheet.
2. Get your parent or guardian to sign and date the top portion of each sheet.
3. Give an application to two different teachers.
4. Complete the application questions and turn in to the counseling center.

Applications are due to the office no later than **Friday, April 21 by 3:30pm.** Late or incomplete applications will not be accepted.

STEM Elective Application

Name: _____ grade: _____

Answer in complete sentences. You may use other paper if more space is desired.

1. Why do you want to be in the STEM class?

2. What elective class did you have this year. If not STEM, why do you not want to take it again next year? If STEM, why do you want to take it again?

3. What do you think happens in this class?

4. How well do you follow directions?

5. How well do you work with others? What role do you usually take in a group setting? Why?

6. How open are you to other people's suggestions, ideas, critique?

7. Do you turn in work on time? Do you always give your best effort?

8. 50% of the class is writing analyses. How well can you critically examine your own work and analyze strengths and weaknesses?

9. What do you have to offer as a member of the class?

10. Why should you be chosen for this class?

STEM application

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Student Name_____

Current grade level_____

Core Teacher name _____teacher signature _____

Parent/Guardian signature_____ date_____

To be completed by teacher:

Teacher: please return to Counseling Office

	always		sometimes		never
Works well in a group					
Completes written assignments					
Follows directions, both written and verbal					
Can think creatively					
Shows appropriate behavior					

Comments:

For office use only. Do not write below line.

Grades as of Third quarter:

	Letter grade	Work habits	citizenship
Math			
English			
Science			
Social studies			

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