Partnership Application

Rising 10th, 11th, and 12th Graders Only

# Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please Print)*

## **Rising:***(Cirlce one)* Sophomore Junior Senior **Student ID#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. On a scale of 1-10(1-low, 10-high) how comfortable are you around students with disabilities?
2. On a scale of 1-10 (1-low, 10-high) how likely are you to hang out with students with disabilities at school during lunch, between classes, etc.?
3. On a scale of 1-10 (1-low, 10-high) how likely are you to hang out with students with disabilities or Autism outside of school?

**Short Answer Questions:**

*Answer the following in complete sentences (unless otherwise stated) on a separate sheet of paper. Please type your responses and limit your answers to* ***one page total and five sentences maximum per question****. Your Partnership Application is due no later than* ***February 16th, 2024.***

1. How much do you know about people with disabilities? Share experience or express whatever knowledge you have.
2. What three qualities do you possess that would make you successful in the Partnership class?
3. Why do you want to be a part of the Partnership class? Share where your motivation stems from.
4. What is one thing you would change or improve about Woodson HS? Why?
5. Make a list, in order of priority, of your top five activities in or out of school (the list can include extracurriculars, organizations, achievements, clubs, jobs, etc.) and the positions you had in each. (complete sentences unnecessary)
6. Anything additional you would like us to consider when evaluating your application?

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Cut and separate this form for the teacher recommendation portion.

**Teacher Recommendations:**

**Please ask 2 teachers (at least 1 core-subject teacher) if they would be willing to respond to a google form recommendation about you.** Write their names and have them sign in acknowledgement below. You can also email Ms. Goto ([magoto1@fcps.edu](mailto:magoto1@fpc.sedu)) and Ms. Lopez ([melopez6@fcps.edu](mailto:melopez6@fcps.edu)) the names of your teachers.

1) Teacher’s first and last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s signature: \_\_\_\_\_\_\_\_\_\_

2) Teacher’s first and last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s signature:\_\_\_\_\_\_\_\_\_\_\_