

Norfolk Public Schools
NORSTAR Program
Rising 9th/10th grade students
APPLICATION PACKET 2020

Thank you for your interest in the NORSTAR program. This student-driven, STEM infused program is sponsored by the Office of Career and Technical Education and the Gifted Education and Academic Rigor Services (GEARS) office. Please review the application and follow the directions accordingly. All students must turn in their completed application and recommendations to their school counselor by **January 23, 2020**. Please review the next page for important dates, general requirements and information about NORSTAR. All **non-NPS student applications** may be submitted or mailed to the GEARS office at the Rosemont Center, 7000 W. Tanners Creek Dr. Room 318, Norfolk, VA 23513 by **January 23, 2020** as well.

APPLICATION CHECKLIST

Use the following checklist to guide you through the process. **Incomplete applications will not be considered.**

Student Name: _____ Current School: _____

Checklist:

1. _____ Applicant Information Sheet /Parental Support Agreement
2. _____ Student Questionnaire (handwritten by student in blue or black ink or typed)
3. _____ Two Teachers' Recommendations from the following subjects:
_____ Mathematics
_____ Science
4. _____ School Counselor Recommendation
5. _____ *For Counselor:* A copy of:
_____ the student's middle school or 9th grade grades
_____ SOL test scores
_____ attendance record and
_____ discipline records
6. _____ This Checklist

*****All applications must be completed in full and submitted through a school counselor.*****

School Counselor: This student is applying to Norfolk Public School's NORSTAR Program for the year 2019-20. Please send the completed packet to the Office of Academic Rigor at the Rosemont Center. Attention: Dr. Patricia Costis.

Important Dates and Deadlines for the NORSTAR Program

- 1/23/20.....Deadline to submit application parts to your school counselor
- 2/7/20.....Deadline for middle/high schools to send completed applications to the GEARS office
- 3/9/20-3/20/20.....Student Interviews
- 4/22/20.....Final Notifications mailed to all applicants
- 5/8/20.....All acceptance intent letters returned to the specialty programs

Notification dates are subject to change based on winter weather delays

Specialty Program Application Requirements

- Rising 9th or 10th grader and a Norfolk resident in one of our district's five high schools in September of the 2020-21 school year.
- 3.0 GPA or higher Cumulative average
- Good discipline and attendance records
- 1 high school credit for Algebra 1
- 2 Positive Teacher Recommendations (Math and Science)
- School Counselor Recommendation
- Successfully passing SOL's

A Note about Extra Curricular Activities

Although NORSTAR does not preclude participation in extra-curricular activities, please understand that full participation in NORSTAR includes class times of 12:45-3:45 PM, the possibility of travel for field trips and competitions, as well as evening presentations. What extra-curricular activities, and how many, should be chosen thoughtfully, with guidance from parents and guardians.

APPLICANT INFORMATION

Please print clearly.

Student Name: _____
Last Name First Name M.I.

Current School: _____ Student ID# (if NPS): _____

Home Address: _____ Norfolk, VA _____
Number/Street Zip Code

Home Phone #: _____ Mobile/Cell Phone # _____

Work Phone #: _____ Best Contact # (circle one): Home Cell Work
Mother or Father

Counselor's Name: _____ Zoned High School: _____

Parent Name: _____

Parent Email Address: _____

Parent Email Address #2 (optional): _____

Student's Email Address: _____

PARENTAL SUPPORT AGREEMENT

The applicant information above is correct. My child and I have discussed the admission requirements, field trips, possible travel for competitions and academic rigor for the NORSTAR Program. If selected, I agree to give my child, the faculty, and staff of Norfolk Technical Center the support necessary to ensure success.

Parent's Signature

Date

Student's Signature

Date

STUDENT QUESTIONNAIRE

Please answer each question clearly and in paragraph form using blue or black ink. Accuracy and details count.

Your Name: _____

1. Describe the sports and/or extracurricular activities and community service experiences in which you currently participate, either at your middle school or in your community (clubs, organizations, committees, etc.).

2. What are your favorite subject(s) in school and what are your post-secondary college and career goals? How do you plan to achieve them?

3. What strengths do you have that will enable you to be successful in a rigorous and challenging NORSTAR program?

**NORSTAR Program Application
Student Questionnaire Rubric**

Student's Name: _____

Current School: _____

Criteria	Comments/Scores
<p><u>Focus/Organization</u></p> <ul style="list-style-type: none"> Clearly stated main idea/message Elaborates with details, examples Ideas are effectively ordered 	<p>Score: _____</p> <p>4 = Very Strong 3 = Strong 2 = Average 1 = Weak</p>
<p><u>Elaboration/Support</u></p> <ul style="list-style-type: none"> Details are clearly related to the topic Word choice enhances writing, voice is evident Sentence variety and style make for ease of reading 	<p>Score: _____</p> <p>4 = Very Strong 3 = Strong 2 = Average 1 = Weak</p>
<p><u>Mechanics/Usage</u></p> <ul style="list-style-type: none"> Standard English usage is utilized Free of capitalization, punctuation, spelling and grammar errors Responses are neat, legible, and presented in an appropriate format. 	<p>Score: _____</p> <p>4 = Very Strong 3 = Strong 2 = Average 1 = Weak</p>
	<p>Overall score: _____</p> <p>(sum of all 3 categories)</p> <p>12-10 Very Strong 9-8 Strong 7-6 Average 5-0 Weak</p>

TEACHER RECOMMENDATION FORM (1 SCIENCE/ 1 MATH REQUIRED) (1)

SUBJECT: Math Science

Student Name: _____ School: _____

Guidance Counselor Name: _____

Dear Teacher:

Thank you for taking the time to complete this recommendation. When finished, return the form in a sealed envelope to the student or the counselor listed above before January 23, 2020. Please do not send this form directly to the NORSTAR Program.

Teacher Name: _____ Course: _____

Please rate the student's performance based on observations in your class.

Performance Characteristic	Excellent / Almost Always	Good / Satisfactory	Occasionally / Rarely	Poor/ Never
Learns quickly. Grasps and relates concepts easily.	4	3	2	1
Incisive. Demonstrates analytical or critical thinking skills.	4	3	2	1
Reliable. Meets assignment deadlines, is punctual, takes responsibility seriously	4	3	2	1
Demonstrates Initiative. Self-motivated, does not wait to be asked, can work independently.	4	3	2	1
Team player. Is able to work with others, shows respect and tolerance, is a positive influence.	4	3	2	1
Thorough. Produces consistent, high- quality work.	4	3	2	1
Positive attitude. Enthusiastic, actively engaged, curious, accepts challenges.	4	3	2	1
Organized. Manages time, materials, tasks, and comes prepared for class.	4	3	2	1
Persistent. Stays on task, focused.	4	3	2	1
Creative, innovative. Can think outside the box, adaptable.	4	3	2	1

Strongly Recommend Recommend Recommend w/reservations Do **NOT** recommend

Please include any specific comments which may help us determine if this student is truly motivated to handle the academic rigor of the NORSTAR Program.

Teacher's Signature: _____ Date: _____

TEACHER RECOMMENDATION FORM (1 SCIENCE/ 1 MATH REQUIRED) (2)

SUBJECT: Math Science

Student Name: _____ School: _____

Guidance Counselor Name: _____

Dear Teacher:

Thank you for taking the time to complete this recommendation. When finished, return the form in a sealed envelope to the student or the counselor listed above before January 23, 2020. Please do not send this form directly to the NORSTAR Program.

Teacher Name: _____ Course: _____

Please rate the student's performance based on observations in your class.

Performance Characteristic	Excellent / Almost Always	Good / Satisfactory	Occasionally / Rarely	Poor/ Never
Learns quickly. Grasps and relates concepts easily.	4	3	2	1
Incisive. Demonstrates analytical or critical thinking skills.	4	3	2	1
Reliable. Meets assignment deadlines, is punctual, takes responsibility seriously	4	3	2	1
Demonstrates Initiative. Self-motivated, does not wait to be asked, can work independently.	4	3	2	1
Team player. Is able to work with others, shows respect and tolerance, is a positive influence.	4	3	2	1
Thorough. Produces consistent, high- quality work.	4	3	2	1
Positive attitude. Enthusiastic, actively engaged, curious, accepts challenges.	4	3	2	1
Organized. Manages time, materials, tasks, and comes prepared for class.	4	3	2	1
Persistent. Stays on task, focused.	4	3	2	1
Creative, innovative. Can think outside the box, adaptable.	4	3	2	1

Strongly Recommend Recommend Recommend w/reservations Do **NOT** recommend

Please include any specific comments which may help us determine if this student is truly motivated to handle the academic rigor of the NORSTAR Program.

Teacher's Signature: _____ Date: _____

COUNSELOR RECOMMENDATION FORM

Guidance Counselor Name (*print*): _____

Student Name: _____ School: _____

Dear Counselor:

Thank you for taking the time to provide a better understanding of the applicant's potential.

How long have you been this student's guidance counselor? _____

How familiar are you with this student and his/her work ethic?

- Very familiar Somewhat familiar, but not comfortable recommending
 Familiar enough Not familiar at all

Do you feel this applicant would be successful in an academically challenging program?

- Yes- **Strongly** Recommend OK - Recommend w/reservations **Do not know**
 Yes - Recommend No – Do **NOT** recommend

Performance Characteristic	Excellent / Almost Always	Good / Satisfactory	Occasionally / Rarely	Poor/ Never
Is goal orientated and serious about work	4	3	2	1
Demonstrates leadership in school activities.	4	3	2	1
Exhibits self-discipline	4	3	2	1

Regarding Attendance:

It is essential for a student to attend class as much as possible in order to be successful in the NORSTAR Program. If this student was absent for more than 6 days during anytime during his/her middle school years, were there extenuating circumstances? **YES**___ **NO** ___. If YES, please describe briefly (*Illness, surgery, relocation, etc.*)

Discipline Record: Yes, see attached No discipline record

Please include any additional comments you feel would be helpful as we consider this applicant _____

Counselor's Signature: _____ **Date:** _____

Note to Counselor: Please use the Application Checklist provided to insure all items are included in the student's application packet, including a copy of his/her middle/9th grade school grades, test scores, attendance, and discipline records.