

Request for Consideration

International Baccalaureate Program

Denver Public Schools

George Washington High School

Name: _____

Address: _____ Apt. _____ City: _____ Zip Code: _____

Email Address: _____

Ethnicity: American Indian _____ Asian _____ Black _____ Hispanic _____ White _____

Language spoken at home _____

Current School: _____

Name of Parent/Guardian: _____

Home Phone: _____ Business Phone: _____ (Which parent?)

Birth date: _____ Denver Resident? Yes _____ No _____

Special Education Designation _____ 504 Plan or IEP _____

Is your child receiving any educational accommodations? _____ If so, please attach any documentation.

List other high schools to which you are applying: _____

Applicant's responsibility (deadline December 16, 2011):

1. Request Form (above) to GW including the student questionnaire.
2. Three Completed teacher evaluation forms (may be mailed separately by faculty)
3. Sign and turn in Request for Student Records form to **the GW IB office**.

**INTERNATIONAL BACCALAUREATE PROGRAM
 GEORGE WASHINGTON HIGH SCHOOL
 STUDENT EVALUATION FORM
 Due to the IB Office December 16, 2011**

Student Name _____ Teacher Name _____
 Middle School _____
 Subject/Level _____ Teacher Phone Number _____
 How long have you known this student? _____

TO THE STUDENT: Give this form to an academic subject teacher. With it, provide an addressed (to Suzanne Geimer, George Washington High School, 655 S. Monaco Street, Denver, CO 80224) stamped envelope and a due date. Limit: 3 evaluations.

TO THE TEACHER: The above student is applying to the International Baccalaureate Program. This rigorous academic curriculum challenges students to learn in the major disciplines of languages, sciences, mathematics and humanities. The intent is that a student should learn how to learn, to analyze and to engage in critical reflection with tolerance and superior communication skills. Please include comments and anecdotal evidence that will help us determine this applicant's suitability for the program. Your opinion is valued and will be kept confidential. **DO NOT GIVE THIS FORM TO THE STUDENT.** Please mail it in the envelope the student provides, through interschool mail, or give it to the person handling IB applications in your school.

LEARNING CHARACTERISTICS

Please check the column which you feel best describes the student

1. Does the student perform well in class assignments, tests, projects?
2. Does the student complete homework and outside class research on time and thoroughly?
3. Does the student grasp new or different concepts easily?
4. Does the student challenge, speculate, make unusual associations or conclusions?
5. Does the student take initiative for his/her own learning?
6. Does the student communicate maturely and grammatically, orally and in writing?
7. Does the student demonstrate quick recall and mastery of factual information?

	1	2	3	4	COMMENTS

1- seldom 2- sometimes 3- usually 4- always



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PLEASE SEE REVERSE SIDE FOR ADDITIONAL QUESTIONS

MOTIVATIONAL QUALITIES

1. Does the student show excitement and enthusiasm for learning?
2. Does the student strive toward perfection and is he/she self critical?
3. Is the student intellectually playful and imaginative?
4. Is the student self confident, emotionally secure, and self-assertive?

1 2 3 4 COMMENTS

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Do you recommend this student for the IB Program? _____

Please make any additional comments regarding this student below:



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GEORGE WASHINGTON HIGH SCHOOL
Denver Public Schools
International Baccalaureate Program

655 SOUTH MONACO PARKWAY
DENVER, CO 80224
TELEPHONE (720)423-8829
FAX (720)423-8614



Request for Student Records

The student listed below is applying to the International Baccalaureate Program at George Washington High School.

Please send the following information (to the address or fax above) **before December 10, 2010:**

1. Scholastic and student progress data
2. Most recent standardized test results
3. Attendance Records
4. Cumulative Academic Records (6-8th grades)
5. Special Education/IEP Information

Student Information:

Date of Request: _____

Student's Full Legal Name: _____
Last First Middle Initial

Birth date: _____ Grade: _____

Name of Parent/Guardian: _____

Current School Information:

Name of School: _____

District: _____

Public/Private/Charter: _____

Signature of Parent/Guardian for release of Information

