

New Visions: Health Careers

Student Name _____

Home School _____

Counselor Name _____

Counselor Phone # _____

Counselor E-mail _____

Date of Application _____

The Capital Region Board of Cooperative Educational Services does not discriminate on the basis of race, color, national origin, creed, sex, age or handicap as defined by law, and is in compliance with Title IX of the Education Amendments of 1972 and with Section 504 of the Rehabilitation Act of 1973. The compliance officer for Title IX and Section 504 is the BOCES Director of Human Resources and is available from 8 a.m. to 4 p.m. weekdays at the Capital Region Board of Cooperative Educational Services, Albany-Schoharie-Schenectady-Saratoga Counties, 900 Watervliet-Shaker Road, Albany, New York 12205; (518) 862-4910.

If you need the assistance of an interpreter, need material translated into any language other than English, please call Ottavio Lo Piccolo at (518) 862-4703 and leave a voice message. Thank you.

Si usted necesita asistencia de un interprete, o necesita traduccion en espanol, y otros idiomas, por favor llame a Ottavio Lo Piccolo a este tel. (518) 862-4703, y deje un mensaje de voz. Gracias.

NEW VISIONS: HEALTH CAREERS

STUDENT APPLICATION FORM

Name: _____

Date of Birth: _____ Home Phone: _____

Home Address: _____

_____ E-mail: _____

Parent/Guardian Name: _____

Work Phone: _____

Qualifications for New Visions include the following:

- High school senior
- 3 years Regents Math and Science
- A demonstrated interest in the health field
- High level of academic success and plans for college
- Maturity and ability to work both independently and in teams
- Positive attendance patterns
- Good communication skills, i.e., writing, speaking, listening

1. Complete pages 1 and 2 of this application including brief responses to the questions on page 2. All writing for this application will be evaluated for grammar, content, creativity and sincerity.
2. Submit a transcript of high school courses, including grades for classes currently in progress, and SAT or PSAT scores.
3. Secure one letter of recommendation from a high school academic teacher.
4. Select and submit a COPY of a previously graded writing assignment that was prepared for the high school class of your choosing (it must include teacher comments and grade.)
5. Review this application with your counselor, have him/her complete and sign page 3.
6. Send completed application to:
New Visions: Health Careers
Career Center
1015 Watervliet-Shaker Road
Albany, New York 12205

Student name: _____

1. What types of extracurricular community and school activities have assisted you in developing your career focus?

2. Describe your reasons for wanting to attend this unique career course.

Student name: _____

New Visions Guidance Counselor Recommendation

Please rate the New Visions applicant in the following areas. Keep in mind that the student will be compared with other capable college preparatory students, and if accepted into the program, will be working closely with a variety of individuals in a professional environment.

	Low	_____					High
	No Basis to Judge	1	2	3	4	5	
Ability to get along with others	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Ease with adults	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Verbal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IEP or 504 Plan? *Yes ____ No ____ *Please attach to application.

Please indicate the # of absences this academic year up to the date of this application:

Absences Date of application

Please indicate the # of discipline referrals this academic year up to the date of this application:

Referrals Date of application

Please provide a narrative with supporting or clarifying information for any or all of the above areas. Feel free to add any additional material you feel would be helpful in evaluating this applicant.

Counselor Signature

Date

Student name: _____

New Visions Teacher Recommendation

Please rate the New Visions applicant in the following areas. Keep in mind that the student will be compared with other capable college preparatory students, and if accepted into the program, will be working closely with a variety of individuals in a professional environment.

	Low	_____					High
	No Basis to Judge	1	2	3	4	5	
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"/>	
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ease with adults	<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"/>	
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"/>	

Please indicate the number of absences this academic year up to the date of this application:

_____ _____

Absences Date of application

Please provide a narrative with supporting or clarifying information for any or all of the above areas. Feel free to add any additional material you feel would be helpful in evaluating this applicant.

Teacher Signature

Date