

# **New Visions: Human Services & Special/Elementary Education**

**Student Name** \_\_\_\_\_

**Home School** \_\_\_\_\_

**Counselor Name** \_\_\_\_\_

**Counselor Phone #** \_\_\_\_\_

**Counselor E-mail** \_\_\_\_\_

**Date of Application** \_\_\_\_\_

*[Revised 12/08]*

**NEW VISIONS: HUMAN SERVICES &  
SPECIAL/ELEMENTARY EDUCATION**

**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 (exceptions may be considered)**
- **A demonstrated interest in the fields of human services and/or elementary or special education**
- **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. **Forward completed application to:**

**New Visions: Human Services & Special/  
Elementary Education  
Career Center  
1015 Watervliet-Shaker Road  
Albany, New York 12205**



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 absences this academic year up to the date of this application:**

\_\_\_\_\_

# AbsencesDate 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.*

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\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

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"/>
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"/>

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

<b>Please indicate the # of absences this academic year up to the date of this application:</b>	
_____	_____
# Absences	Date of application

<b>Please indicate the # of discipline referrals this academic year up to the date of this application:</b>	
_____	_____
# 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.*

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\_\_\_\_\_  
Guidance Counselor Signature

\_\_\_\_\_  
Date