Advanced TV: General Application

PART 1

Please complete this application and return it to Mr. Brandt prior to registering for this class.

First name:	Last name:	
E-mail Address:		
Expected Grade Le	evel for the 2012-13 year: 10 11 12	
Current GPA:		
Video Courses you	've taken or enrolled in?	
TV/Video I	What year/semester? Grade Received:	-
TV/Video II	What year/semester? Grade Received:	-
TV/Video III	What year/semester? Grade Received:	-
Extracurricular activ	vities:	
	•	
	••	
The Morning Show	w position	
Position(s) you are	most interested in:	
	(It is ok to put "any position.")	
Briefly describe wh	y you are interested in being on The Morning Show crew.	
	APPLICATION CONTINUED ON NEXT PAGE	 Ξ →
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Do you have any experience in Journalism or Video Production (circle one)	: YES	NO
lf yes, please explain.		
Do you watch The Morning Show (circle one): YES NO		
f so, please give us some feedback		
Congratulations! You have completed part 1 of the application.		
Please give this entire application packet to a teacher so they o	•	

2: teacher evaluation form. Your teacher will not return this application to you. Please tell your teacher to deliver it to **Mr. Brandt's mailbox**.

The Morning Show Teacher Evaluation PART 2

This form is to be completed by the teacher & placed in Mr. Brandt's mailbox by 1/14/10.

Name of potential Morning Show applicant: _____

Teacher name: _____

How do you know this applicant?

RATINGS

How do you rate this student in terms of:

No basis	_	Below average	Average	Good (above average)	Very good (well above average)	Excellent (top 10%)	Outstanding (top 5%)	One of the top few I have encountered in my career
	Creative, original thought							
	Motivation							
	Self-confidence							
	Independence, initiative							
	Intellectual ability							
	Academic achievement							
	Written expression of ideas							
	Effective class discussion							
	Disciplined work habits							
	Potential for growth							

OPTIONAL: Any additional comments to help better evaluate the applicant?

Teacher signature: _____

_____ Date: _____

PLEASE DO NOT RETURN THIS FORM TO THE STUDENT. PLEASE RETURN TO MR. BRANDT'S MAILBOX.

THIS EVALUATION WILL STAY CONFIDENTIAL – IT WILL NOT BE SHARED WITH ANY STUDENTS OR THE APPLICANT.

VHSTV Morning Show Teacher Evaluation