



**Sharyland I.S.D.**  
**Project Lead the Way (PLTW) Engineering**  
**2019-2020 High School Program Application**



**SECTION I: To be completed by the student. Submit to your CTE Counselor or Go Center by Friday, March 1, 2019.**

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Number and Street City State Zip Code

Student ID Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_

Name of school you currently attend: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

During high school, do you plan to participate in:

**Band:** Yes / No  
**Athletics or JROTC:** Yes / No If "Yes", which sport(s)? \_\_\_\_\_

What is your experience with the following software? Place a check in the appropriate box.

Software	I know it very well	I know very little or nothing about this
Windows		
Microsoft Word		
Microsoft Excel		
Microsoft PowerPoint		
Other (list examples)		

In one paragraph, please explain why you are interested in the Project Lead the Way Engineering Program.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**In applying for Project Lead the Way (PLTW) Engineering Program, I understand that this program is rigorous and will require a high level of responsibility and commitment on my part.**

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

It is the policy of Sharyland I.S.D. not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.



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**Section II: To be completed by your current, or most recent, Mathematics Teacher. Please submit to your CTE Counselor or Go Center by **Friday, March 1, 2019**.**

**Teacher,**

Student \_\_\_\_\_ is applying for admission to Project Lead the Way Engineering Program. Please complete the assessment below and submit to the counselor by the deadline indicated above.

**Mathematics Teacher Name:** \_\_\_\_\_ **Course:** \_\_\_\_\_

Please indicate your assessment of the student using the checklist below:

	Outstanding	Very Good	Satisfactory	Unsatisfactory
Character/Behavior				
Grades				
Cooperation				
Attendance				
Work Habits/ Initiative/Meets Deadlines				
Rapport with Peers				
Willingness to Study/Complete Tasks Outside of Classroom				

Most Recent Math STAAR (*Circle One*): Met Standards / Did Not Meet Standards from (*Circle One*) 8<sup>th</sup> Grade or Algebra I.

I recommend this student in terms of attitude, strengths, weaknesses, achievement, motivation, and capacity for hard work (*Select One*):

Strongly Recommend       Recommend       Conditional Recommend       Do Not Recommend  
*(Explain Below)*

Additional Comments:

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

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**Section II: To be completed by your current, or most recent, Science Teacher. Please submit to your CTE Counselor or Go Center by **Friday, March 1, 2019**.**

**Teacher,**

Student \_\_\_\_\_ is applying for admission to Project Lead the Way Engineering Program. Please complete the assessment below and submit to the counselor by the deadline indicated above.

**Science Teacher Name:** \_\_\_\_\_ **Course:** \_\_\_\_\_

Please indicate your assessment of the student using the checklist below:

	Outstanding	Very Good	Satisfactory	Unsatisfactory
Character/Behavior				
Grades				
Cooperation				
Attendance				
Work Habits/ Initiative/Meets Deadlines				
Rapport with Peers				
Willingness to Study/Complete Tasks Outside of Classroom				

Most Recent Science STAAR (*Circle One*): Met Standards / Did Not Meet Standards from (*Circle One*) 8<sup>th</sup> Grade or Biology.

I recommend this student in terms of attitude, strengths, weaknesses, achievement, motivation, and capacity for hard work (*Select One*):

Strongly Recommend       Recommend       Conditional Recommend       Do Not Recommend  
*(Explain Below)*

Additional Comments:

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

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