

**IB Diploma Programme Application**  
 School District of Osceola County  
 Student and Teacher Worksheet

**Students:** Please fill in your information and give this form to your School Counselor.

<b>Student Name:</b> _____	<b>SDOC Student ID:</b> _____
<b>Current Grade Level:</b> _____	<b>Current School:</b> _____
<b>I am applying to the IB Program at:</b> <input type="checkbox"/> Celebration High School <input type="checkbox"/> Gateway High School <small>*Families are welcome to apply to either IB Program, however, transportation is provided based on your home address. Please use the Bus Planner website (businfo.osceola.k12.fl.us) to confirm which IB School you are zoned to attend*</small>	
<b>Parent/Guardian Name:</b> _____	<b>Phone Number:</b> _____
<b>Parent/Guardian Email Address:</b> _____	

**Teachers:** Your input is important. If you have additional concerns about the student's behavior in the classroom, please utilize the space below or e-mail the appropriate Diploma Programme Coordinator.

Using a scale of 0-4, where **0=strongly disagree** and **4=strongly agree**, please indicate your level of agreement with the following statements.

Statement	English	Math	Science	Social Studies
1. The student <i>collaborates</i> with teachers and peers in a respectful manner.				
2. The student acts <i>respectfully</i> to others, always making a positive contribution to the classroom.				
3. The student acts with <i>integrity</i> and <i>honesty</i> , always turning in their own work and taking responsibility for their actions.				
4. The student manages their time efficiently, demonstrating effective time-management and organizational skills.				
5. The student is <i>reflective</i> on their strengths and weaknesses and strives to improve themselves.				
<b>Total</b>				
<b>Teacher Name</b>				
<b>Teacher Signature</b>				
<b>Date</b>				

*For IB Program Office Only:* Total: \_\_\_\_\_ ÷ 4 = \_\_\_\_\_ /20

**Additional Teacher Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Teachers:** Once completed, please return to the student's School Counselor.

# IB Diploma Programme Application

School District of Osceola County

School Counselor Worksheet

**Osceola County and Non-Osceola County Counselors:** Please complete all sections of the worksheet below. Applications will be considered incomplete without the required information.

**Non-Osceola County Counselors:** In addition to the completed worksheet, please attach an updated transcript showing all grades and standardized tests for the student while at their current school.

1. **Calculated GPA:** Please use the table and grade values below to calculate a GPA for this student.

**Standard Level Classes**

A = 4                      B = 3                      C = 2                      D = 1                      F = 0

**Advanced/Honors Level Classes**

A = 4.5                      B = 3.5                      C = 2.5                      D = 1.5                      F = 0

Subject	2020-2021			2021-2022			2022-2023			Total Points
	Grade Level: _____			Grade Level: _____			Grade Level: _____			
	Course	Grade	Value	Course	Grade	Value	Course	Most Recent Grade	Value	
English										
Math										
Science										
Social Studies										
<b>Total points from four core subjects:</b>										
<b>Total points divided by two (2) equals the calculated GPA for IB application purposes:</b>										

2. **Academic Profile:** Provide the student's **most recent** FSA Reading and Math total achievement levels (if available).

**FSA ELA Writing and Reading:** \_\_\_\_\_      **FSA Mathematics:** \_\_\_\_\_

3. **Active Programs:** Please indicate if the student is active in any of the following programs.     Gifted       IEP       504       ESOL

4. **Attendance/Discipline Profile:** Please record the student's attendance and discipline information below for **this current year**.

**Absences:** \_\_\_\_\_      **Tardies:** \_\_\_\_\_      **Referrals:** \_\_\_\_\_

**Additional Comments** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Highly Recommend     Recommend     Recommend with Reservation     Do not Recommend  
*If "Recommend with Reservation" or "Do Not Recommend", please provide comments above.*

**School Counselor Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Counselors:** Once completed, please return to the appropriate Diploma Programme Coordinator:

<b>Celebration High School</b> Alissa.Petersen@osceolaschools.net	<b>Gateway High School</b> Kathryn.Bosco@osceolaschools.net
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