

Beginning in fall 2014, the Advanced Placement Program will offer an innovative new diploma program called **AP Capstone**. AP Capstone provides the opportunity for students to develop critical thinking, research, and communication skills and culminates with an independent research project. Students in the program will complete two newly developed AP courses, AP Seminar and AP Research, along with any four other AP courses. These two new AP courses are uniquely aligned with core habits of mind, practices, and skills that research has identified as critical to university and career success. Students who earn scores of 3 or higher in both of the AP Capstone courses and on four additional AP Exams of their choosing will receive the AP Capstone Diploma. Students who earn scores of 3 or higher in both of the AP Capstone program courses but not on the four additional AP Exams will receive the AP Capstone Certificate, signifying successful completion of those courses.

**DIRECTIONS:**

**Completed application package MUST be received by February 24, 2014.**

- Teacher completed Reference Form. (Attached)
- Parent/guardian completed form. (Attached)
- Include a copy of your Grade 9 and 10 report cards.
- Read and sign the Agreement of Understanding below.
- Type 3 paragraphs. (Attach to this application.) 1) Briefly describe yourself and your interests. (100 words) 2) Explain your interest in the AP Capstone Program and what you expect to gain from your experience. (100 words) 3) Describe any challenges you have faced and how you dealt with them. (100 words)

**ELIGIBILITY REQUIREMENTS:**

1. Must be writing AP exams in Grades 11/12.
2. Must commit to completing the AP Capstone Diploma Program.

*Please use the student's legal name as indicated on his/her birth certificate.*

Student Last Name  Legal Name

Preferred Name

Student Birthdate (MM/DD/YYYY)         Sex (circle)   Current Grade:

Student Address – Number and Street  Apt #  City

Postal Code  E-mail Address

Parent/Guardian Last Name (please print)  First Name

Relationship to Student  (Area Code) Home Phone  (Area Code) Alternate Phone

E-mail Address  District  Current School

**AGREEMENT OF UNDERSTANDING:** I give permission for my child to be screened for admission to the Burnaby District AP Capstone Program. If accepted, he/she must be enrolled as a full-time student at Burnaby North or Burnaby South. My child must demonstrate acceptable performance (as determined by school policy) in order to remain in the Capstone Program. This application becomes void at the end of the application period. **Completion of this form does NOT guarantee acceptance; this is a competition-based program.** **I understand that acceptance to this program may require a school move to Burnaby North or Burnaby South Secondary School.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Name (please print) \_\_\_\_\_

**AP CAPSTONE PROGRAM  
Teacher Reference Form**

Name of Student: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Course Taught: \_\_\_\_\_

The Capstone program is reserved for a limited number of students. It is essential we choose students who are capable of completing the program requirements IN ADDITION TO any other commitments (curricular or otherwise). Please keep this in mind before recommending a student's participation. The content of this reference form is confidential, BUT you may (and should) discuss your recommendation with the student. Please complete the following and return to the student in a signed, sealed envelope.

**Reference Checklist**

Please circle one number for each descriptor	Below	Average	Good	Excellent	Outstanding	Unknown/ Cannot Comment NC
	1	2	3	4	5	
Academic potential & intellectual capability	1	2	3	4	5	NC
Work ethic	1	2	3	4	5	NC
Class participation	1	2	3	4	5	NC
Homework completion	1	2	3	4	5	NC
Quality of work	1	2	3	4	5	NC
Organization	1	2	3	4	5	NC
Diligence in following through	1	2	3	4	5	NC
Willingness to work with & help others	1	2	3	4	5	NC
Open-mindedness	1	2	3	4	5	NC
Cooperation	1	2	3	4	5	NC
Curiosity	1	2	3	4	5	NC
Enthusiasm for learning	1	2	3	4	5	NC
Perseverance & self-discipline	1	2	3	4	5	NC
Personal Initiative	1	2	3	4	5	NC
Ability to accept criticism	1	2	3	4	5	NC
Resiliency	1	2	3	4	5	NC
Sense of humour	1	2	3	4	5	NC
Patience with self & others	1	2	3	4	5	NC
Compassion – care demonstrated						
For others	1	2	3	4	5	NC
For the environment	1	2	3	4	5	NC
For the community	1	2	3	4	5	NC
Writing skills	1	2	3	4	5	NC
Research skills	1	2	3	4	5	NC
Deconstruction: critique written materials	1	2	3	4	5	NC
Synthesis: Ability to pull various ideas together	1	2	3	4	5	NC
Originality / Creativity	1	2	3	4	5	NC

Student's current/final mark in your course? \_\_\_\_\_

**Additional Comments**

\_\_\_\_\_  
Signature of Referee

\_\_\_\_\_  
Date

**Please note: Students are responsible for submitting completed application packages to June Evans at the Burnaby School District Office by Monday, February 24, 2014**

**Burnaby School District**  
**AP CAPSTONE PROGRAM**  
Official Student Application



**PARENT QUESTIONNAIRE**

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

Parents, please complete the questionnaire below. Circle the number that represents your opinion with “1” being ‘rarely’ and “4” being ‘always’. The short answer questions also help form a profile of your child so please include a detailed response.

**Consideration for the AP Capstone Program**

- |  |   |   |   |   |
|--|---|---|---|---|
| • My child can handle a rigorous academic program. | 1 | 2 | 3 | 4 |
| • My child is self motivated.                      | 1 | 2 | 3 | 4 |

**Organizational Skills**

- |   |   |   |   |   |
|---|---|---|---|---|
| • My child usually finishes what he/she starts.       | 1 | 2 | 3 | 4 |
| • My child has good study skills.                     | 1 | 2 | 3 | 4 |
| • My child handles stress well.                       | 1 | 2 | 3 | 4 |
| • How (specifically) does your child react to stress? |   |   |   |   |

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**Commitment**

- |  |   |   |   |   |
|--|---|---|---|---|
| • My child is able to manage any additional homework / school time required to successfully complete this program. | 1 | 2 | 3 | 4 |
| • My child manages his/her time in order to meet the requirements of academic and extra-curricular activities?     | 1 | 2 | 3 | 4 |
| • In what extra-curricular areas does your child participate or show an interest?                                  |   |   |   |   |

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Parent Name: \_\_\_\_\_

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