## AP CAPSTONE APPLICATION

### Return this form to Dr. Pratto in the front office.

STUDENT NAME:

### Student/Parent acknowledgement

- I understand the academic rigors required with the AP Capstone program.
- I understand the time commitments it will require of me in and outside of the classroom. I am able to dedicate time to work with others outside of a school day.
- I understand that dropping Capstone/AP courses is only allowed for extreme circumstances with administrative approval. *These do not include GPA concerns, extra-curricular commitments.*
- I understand the Capstone Diploma will be issued after meeting <u>all</u> the requirements set forth from the College Board.
- I have completed a course-sequencing plan that outlines the required courses needed for graduation and the Capstone program. **Must attach to this form**.

In addition to this application, each student will need two teacher recommendations, one of whom is the student's current or prior English teacher. Give the teachers the recommendation forms. **Teacher must submit forms to Dr. Pratto no later than April 15, 2022.** 

Print Student Name	Print Parent Name
Student Signature and Date	Parent Signature and Date
Student Application due no later	than April 15, 2022
Administrative	checklist, office use only below
Absences	
GPA	

# **Teacher Recommendation**

Te	ac	h	e٢	•

This student is applying for the AP Capstone Diploma Program. This program requires students to work collaboratively to research topics, develop evidence-based arguments, create presentations, and present the final product to classmates.

Please rate the student in the following categories based on your experience teaching the student.

This form should be returned to Dr. Pratto no later than April 15th.

Thank you, Dr. Pratto						
Student						
Ability to work collaboratively with others.	Low 1	2	3	4	High 5	
Attitude in the classroom.	1	2	3	4	5	
Work Completion	1	2	3	4	5	
Turns work in on time	1	2	3	4	5	
Participates in classroom discussions	1	2	3	4	5	
Other comments (Optional):						
 Teacher Name	her Sig	nature				

# **Teacher Recommendation**

Teacher, This student is applying for the AP Capstone Dip to work collaboratively to research topics, developmentations, and present the final product to	elop evide	nce-ba				nt
Please rate the student in the following categor student.	ries basec	d on you	ır expei	ience te	eaching the	
This form should returned to Dr. Pratto no later	than <b>Apı</b>	ril 15th				
Thank you, Dr. Pratto						
Student						
Ability to work collaboratively with others.	Low 1	2	3	4	High 5	
Attitude in the classroom.	1	2	3	4	5	
Work Completion	1	2	3	4	5	
Turns work in on time	1	2	3	4	5	
Participates in classroom discussions	1	2	3	4	5	
Other comments (Optional):						

Teacher Signature

Teacher Name

# **CAPSTONE FOUR-YEAR PLAN**

This is a tentative plan intended to assist students/parents in planning how to include the requirements for the AP Capstone Diploma.

Must complete all other Florida graduation requirements.

10 <sup>TH</sup> GRADE	1. <u>Math</u>	2. English	3. Biology	4. AP Seminar	5.	.9	12 <sup>TH</sup> GRADE	1. US Government and Economics	2. English	3. <u>Math</u>	4. <u>Science</u>	5. AP Research	.9
<u>9™ GRADE</u>	1. World History	2. Math	3. English	4. <u>Science</u>	5.	.9	11 <sup>th</sup> GRADE	1. US History	2. English	3. <u>Math</u>	4. <u>Science</u>	5. AP Seminar or Research	.9

<sup>\*</sup>Need 4 AP classes in addition to AP Seminar and AP Research.