

2022-2023 Solon Robotics Team Member Application

By filling out and signing this application, students and parents agree that the following requirements are expected of the Solon Robotics Team:

- *4th - 5th grade students who are exemplary students in both academics and behavior.*
- *Since space is limited, only a limited number of students can be chosen for the Solon Robotics Team. Students will be chosen based on the quality of their application, experience, and recommendations from teachers.*
- *Students must attend regular practices and tournaments on Saturdays. These tournaments may require travel and hotel accommodations which must be provided by the parents.*

Club meetings will take place every Wednesday and Thursday evening from 3:44-5:00 pm. Additional Practices may be required.

In order to maintain your spot in the club:

- *Students must consistently attend practices.*
- *Students are attentive and respectful to the coaches.*
- *Students will maintain passing grades in all classes.*
- *Students receiving any major discipline referrals may lose their place on the robotics team.*
- *Students are expected to work diligently, respectfully and collaboratively with the other members of the robotics team at all times.*
- *Students must use care when using robotics equipment.*
- *Students/parents must provide their own transportation home from practices. Please ensure that your child is picked up no later than 5:05 pm or your child will be sent to our Latch Key Program.*

APPLICATION DIRECTIONS:

A **completed application** and a **letter** (seperate piece of paper handwritten) by the student explaining:

1. Why he/she is interested in the Robotics Club
2. Describe a time you had to work as a team to solve a difficult problem.
3. Describe what skills and habits you have that will make you a good club member

All completed applications due: Friday, October 7th

Please turn in the application to Mrs. Coil located in room 2.

Students will be notified by Monday, October 10th if they have/have not been selected for the team.

Coach: Mrs Coil

email: scoil@cps.k12.in.us phone: 219-663-2525 ext. 17002

Teacher Recommendation:

Applicant chooses one teacher who will recommend you for membership on the Solon Robotics team. Please give the teacher you choose the form attached and have them return to Mrs. Coil's Mailbox.

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ROBOTICS TEACHER RECOMMENDATION

Student Name _____

The above named student is being considered for the Solon Robinson Elementary School Robotics team. Please complete the survey to the best of your ability. Please place this form in Mrs. Coil's mailbox.

Thank you!

Person completing form _____

Please rate the student using the scale provided. For responses of 5 or 2 or lower, please comment.	1= poor 3= average 5= excellent	Comments
Attitude		
Acts Responsibly		
Attendance		
Social Skills		
Respectfulness		
Initiative		
Ability to keep commitments/ meet deadlines		
Leadership Potential		
Maturity		

Overall impression of candidate: (please circle one)

Highly Recommend	Recommend	Recommend w/ Reservation	Do Not Recommend
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