



**DAUPHIN COUNTY TECHNICAL SCHOOL**  
 6001 Locust Lane • Harrisburg, PA 17109 • www.dcts.org  
 Phone: (717) 652-3170, Guidance ext. 7432

Middle School Application for 9<sup>th</sup> Grade Acceptance  
 2019-2020

*This form **MUST** be completed by hand by the student, in blue or black ink. Answers are not to be typed. Please print clearly.*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School District: \_\_\_\_\_ Present School: \_\_\_\_\_

Guardian: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Guardian: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Student lives with (circle one):   Both Parents                      Mother                      Father                      Guardian(s)

Have you ever attended the DCTS Career Camp?                       Yes                       No

Briefly explain why you have chosen the career you aspire to, and how attending DCTS will help you get there:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 9th Grade Students—DCTS Exploratory Program

Please select three (3) academy choices from the lists. You MUST choose three (3) career pathways, as there is limited space in each program to ensure a safe and effective environment. Students will visit each program outside their academy placement during the exploratory period. Identify academy order of preference with a "1", "2", "3" for each choice. The rotation period for the exploratory program is completed by the end of the 1st marking period and is considered as a grade and credits for graduation.

### Advanced Manufacturing Academy\*

Drafting & Design Technology  
Electronics Technology  
Precision Machining Technology  
Welding

First Program choice in this Academy:

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### Construction Academy\*

Building Construction Technology  
Carpentry  
Electrical Construction & Maintenance  
Technology  
Heating, Ventilation & Air Conditioning  
Masonry

First Program choice in this Academy:

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### Health Science Academy \*

Dental Assistant  
Health Careers  
Medical Assistant

First Program choice in this Academy:

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### IT Academy\*

Information Systems Technology  
Web Development & Design

First Program choice in this Academy:

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### Service Academy

Cosmetology  
Culinary Arts  
Criminal Justice/Police Science  
Horticulture  
Veterinary Assistant

First Program choice in this Academy:

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### Transportation Academy \*

Automotive Technology  
Collision & Refinishing Technology  
Diesel Technology  
Small Engine Equipment Technology

First Program choice in this Academy:

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### Visual Arts Academy

Commercial Art  
Graphic Arts

First Program choice in this Academy:

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**Please note any medical concerns or Allergies that may preclude student from participating in specific program selected.**

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\* After placement, 9th grade students follow a career pathway for these programs.



Dauphin County Technical School  
Career Exploration Interview

Name: \_\_\_\_\_ School: \_\_\_\_\_ District: \_\_\_\_\_

Occupational Area/ Academy of Interest: \_\_\_\_\_

In order for a student application to be considered complete, the student must complete the questions listed on the front and back of this sheet. Failure to do so will eliminate a student from the application process. Should a student encounter problems in the completion of these questions, he/she may request assistance from his/her counselor.

1. Why do you want to take this Career & Technical program?

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2. What experiences have you had in the Career & Technical area you are applying for?

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3. What do you plan to do beyond graduation from high school?

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INTERVIEW

To help the applicant make an appropriate career choice, DCTS requires that an interview be conducted with someone who is employed in the occupational academy of your 1<sup>st</sup> choice. Make certain that the person interviewed signs and dates this sheet. **The student applicant must write the answers to the questions.** If a student cannot find a person to interview, he/she may obtain the answers by researching careers on the internet. If a student cannot understand the English language, s/he may request a Spanish version of the Career Exploration Interview form. "Yes" or "No" answers are not acceptable responses to questions. If you are physically unable to write the answers to the questions (this must be confirmed by your counselor), you may submit an audio file via email with the answers in place of the written sheet. Your guidance counselor can help you with this.

1. What is a typical week like in your chosen career field? How do people in this career spend their work hours?

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2. What kind of job opportunities are in this field?

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3. What special abilities or talents do successful people in this career field display?

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4. What dangers and/or hazards do people in this career field encounter?

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5. List three to five things about their jobs people in this field might say make them happy?

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_

6. Once you graduate from DCTS, what further education will you need to reach career goal? College? Technical School? On-the-job training? How long do you expect this further education to take?

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7. List three to five things about their jobs people in this field might consider a disadvantage?

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_

8. What is the average salary earned in this occupational area?

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Signature of Person Interviewed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

If the information was obtained from a source other than an interview of an individual, please list the source of your information.

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After conducting the interview, have your opinions regarding this occupational area changed?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

Are you still interested in applying for your 1<sup>st</sup> choice?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

## STUDENT TRANSFER POLICY

Newly admitted first year students will be required to remain at the Dauphin County Technical School for the first marking period of the school year, unless the Dauphin County Technical School is notified prior to July 1st of the school year to rescind the student's application. A first year student may request reassignment to the home school, at the end of the first marking period, through the Dauphin County Technical School Guidance Office, who will contact the designated representatives of the home school. Transfers other than first year students will be handled on a case by case basis.

At the start of the tenth week of school, students will not be permitted to return to their home schools except for extreme cases which will be handled individually following the procedure enumerated above.

Students in their second or third year at the Dauphin County Technical School, who want to return to their home school, must initiate a request for reassignment to the home school by July 1 of the school year through the DCTS Guidance Office who will notify the designated representative of the home school. Once the school year begins, transfers would cease except for extreme cases which will be handled individually following the procedure enumerated above.

The participating district has no responsibility to accept a student who has violated DCTS policy and is under suspension or expulsion. The Joint Operating Committee will carry out all expulsion hearings regardless of the enrollment status of the student

### Parental Registration Statement

Pennsylvania School Code 13-1340-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of the Commonwealth or any other State for any act or for any act of violence committed on school property."

I hereby swear or affirm that my child ( one) was  was not

previously suspended or expelled from any public or private school of the Commonwealth or any other State for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or any act of violence committed on school property. *\*I make this statement subject to penalties of 24 P.S. 13-1340-A(B) and 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.*

If child was suspended or expelled, please list name of school, reason for suspension/expulsion, and dates of suspension/expulsion:

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### Placement Testing

Placement testing will be required after student is accepted at Dauphin County Technical School.

### Release of Information

\_\_\_\_\_ I give permission to have my student's records released to DCTS.

[initials]

I have read and understand the above statements concerning the student transfer policy, previous suspensions/expulsions, placement testing, release of information, and I have initialed permission for release of records to DCTS.

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_\_



**DAUPHIN COUNTY TECHNICAL SCHOOL**  
**Student Application – 8<sup>th</sup> Grade Team Recommendation Form**

Name: \_\_\_\_\_ Middle School: \_\_\_\_\_

First Choice of Career Pathway of Interest (Career Academy;  one)     Arts & Marketing     Advanced Manufacturing     Construction     Service  
 Transportation     Health Science     IT

Team Completing Recommendation: \_\_\_\_\_ Teacher Signature/Team Representative: \_\_\_\_\_

**PERSONAL FACTORS**

[Please circle the box that best describes the student for each of the 10 factors listed below]

|   | <b>1</b>                                     | <b>2</b>   | <b>3</b>                              | <b>4</b>                                   | <b>5</b>                                       |
|---|--|--|---------------------------------------|--|--|
| 1. <b>Cooperation:</b> willingness to work with others  | Openly uncooperative                         | Reluctant to cooperate                           | Ordinarily cooperative                | Always cooperative                         | Stimulates cooperation                         |
| 2. <b>Attitude toward authority:</b> willingness to take and carry out orders   | Definitely resents taking orders             | Accepts with resistance                          | Appears to accept reasonably well     | Shows evidence of accepting authority well | Understands and appreciates need for authority |
| 3. <b>Attitude toward training:</b> willingness to learn new methods or techniques toward greater efficiency and growth | Definitely resists                           | Accepts training only under pressure             | Accepts training if sees advantages   | Willingly accepts training                 | Constantly seeks additional training           |
| 4. <b>Adherence to rules/directions/safety guidelines:</b> exhibits consistent and reliable behavior                    | Often exhibits inconsistent, unsafe behavior | Sometimes exhibits inconsistent, unsafe behavior | Occasionally exhibits unsafe behavior | Rarely exhibits unsafe behavior            | Always exhibits safe, consistent behavior      |
| 5. <b>Resourcefulness:</b> having ideas, devising ways and means, applying images                                       | Of no help in solving problems               | Rarely offers a constructive solution            | Has average supply of solutions       | Usually resourceful even in an emergency   | Exceptional capacity for problem solving       |
| 6. <b>Interest:</b> degree of enthusiasm for specific job and the organization in general                               | Totally disinterested                        | Uninterested                                     | Shows a varying degree of interest    | Well motivated                             | High specific and general interest             |
| 7. <b>Initiative:</b> takes lead, self-starter  | Never initiates                              | Waits for others to get started                  | Usually initiates                     | Frequently sees things to do               | Usually self-reliant, creative                 |
| 8. <b>Responsibility:</b> assurance that assignment will be done  | Unreliable                                   | Somewhat dependable                              | Usually dependable                    | Dependable, conscientious                  | Very dependable, takes responsibility          |
| 9. <b>Work ethic:</b> does best work possible, cares about quality work   | Sloppy, careless                             | Strives for quality only under pressure          | Work is acceptable                    | Usually conscientious about work           | Takes pride in doing excellent work            |
| 10. <b>Punctuality:</b> beginning on, or ahead of, time for class   | Consistently tardy                           | Sometimes tardy                                  | Usually on time                       | Punctual                                   | Always punctual                                |

**TOTAL [please]:** \_\_\_\_\_



# DAUPHIN COUNTY TECHNICAL SCHOOL

Middle School Application  
9<sup>th</sup> Grade Acceptance  
2019-2020

## TO BE COMPLETED BY GUIDANCE OFFICE FROM THIS POINT FORWARD

**Please provide requested information directly on this form.**

**Please do not write: "See attached" in lieu of completing this form as it will significantly delay the student's application process.**

Please note:

Applications are considered incomplete if required documentation is not submitted. This could result in a negative impact on the student's score.

All DCTS students will be issued a laptop computer to be utilized as a part of their educational experience. Acceptance and use of this laptop is required by all students and cannot be declined or refused.



# Dauphin County Technical School

## Middle School Student Application Guidance Packet

Deadline for submission to DCTS, in order to have priority consideration for acceptance:

Deadline for Application – February 1, 2019. After this date, students will lose (-5) points for late submission.

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(Last) (First) (Middle)

Home District: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_

Current School Attending: \_\_\_\_\_ Registered at Sending District?  Yes  No

### Student Application Packet

A complete application packet consists of the following, including **all** necessary attachments:

- Student Application Cover Sheet
  - 9<sup>th</sup> Grade Exploratory Program Selection Sheet
  - Parental Authorization Statement
  - Career Exploration Interview
  - Teacher/Team Recommendation
- Guidance Assessment Form
- Special Education Form (if applicable)
  - Most Current IEP, ER, and/or RR
- 504 Plan (if applicable)
- ELL Testing Reports (if applicable)
- Current Report Card
- Final Report Cards (grade 8 and 7)
- Standardized Test Scores
- PSSA Scores (grades 5, 6, 7 and 8)
- District Benchmark Scores, if applicable (Spring, grade 8)
- Keystone Exam Scores
- Attendance Records
- Discipline Records
- Immunization Record

Application will be  
considered  
**incomplete**  
if all supporting  
documentation  
is not submitted.

*The student application packet attached is complete and the above student has my approval to begin the selection process for admission to the Dauphin County Technical School.*

Principal: \_\_\_\_\_  
(Print name) (Signature)

Guidance Counselor: \_\_\_\_\_  
(Print name) (Signature)

School: \_\_\_\_\_ Phone: \_\_\_\_\_

# Guidance Counselor Assessment Form

Please provide requested information directly on this form.

Please do not write: "See attached" in lieu of completing this form as it will significantly delay the student's application process.

Student Name: \_\_\_\_\_ Present Grade: \_\_\_\_\_  
(Last) (First) (Middle)

Birthday Verification: \_\_\_\_\_ PA SECURE ID# [required]: \_\_\_\_\_

### Attendance:

When determining the number of absences, please do not include suspensions, field trips, or approved educational trips.

Days Absent in Grade 7: \_\_\_\_\_ (total for year) Grade 8: \_\_\_\_\_ (as of \_\_\_/\_\_\_/\_\_\_)  
Today's Date

### Discipline:

Number of days the student has been suspended: Out of School: Grade 7 \_\_\_\_\_ Grade 8: \_\_\_\_\_  
In-School: Grade 7 \_\_\_\_\_ Grade 8: \_\_\_\_\_

Has the student ever been in alternative education placement?  Yes  No

### Academics:

Has the student ever been retained?  Yes  No

If Yes, what grade(s)? \_\_\_\_\_ School: \_\_\_\_\_

Final Average for 7<sup>th</sup> Grade Courses:

English \_\_\_\_\_ Social Studies \_\_\_\_\_ Science \_\_\_\_\_ Math \_\_\_\_\_

Mid-Year Average for 8<sup>th</sup> Grade Courses (should be an average of 1<sup>st</sup> marking period and most current 2<sup>nd</sup> marking period):

English \_\_\_\_\_ Social Studies \_\_\_\_\_ Science \_\_\_\_\_ Math \_\_\_\_\_

Algebra Keystone Testing:  Not yet taken  Below Basic  Basic  Proficient  Advanced

Is the student presently in Compensatory or Remedial?

Math:  Yes  No Reading:  Yes  No

Comments: \_\_\_\_\_

Does the student receive special education services? .....  Yes  No

Does the student have a 504 plan?.....  Yes  No

Has the student ever been through the child find process?.....  Yes  No

Does the student receive ELL services? .....  Yes  No

Please note any medical concerns or allergies that may preclude student from participating in specific academies: [to be completed by nurse]

\_\_\_\_\_

## Summary of Special Education

(To be completed by IEP Case Manager)

*Please include current IEP and most recent ER/RR with application.*

Name \_\_\_\_\_ M / F School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

ER Date \_\_\_\_\_ IEP Date \_\_\_\_\_ RR Date \_\_\_\_\_ Date of Waiver \_\_\_\_\_

***All IEP's due before October 15<sup>th</sup> will be completed by sending district prior to DCTS enrollment.  
All RR's due before October 30<sup>th</sup> will be completed by sending district prior to DCTS enrollment.***

Primary Disability \_\_\_\_\_ Secondary Disability \_\_\_\_\_

Educational Programming: (Circle)    LS        ES        SP/L        Autistic Support        Life Skills        DHH        OHI        BVI

Related Services: (Circle)    Curb to Curb        TSS        PCA        Assistive Technology        Other \_\_\_\_\_

PSSA Scores: (Below Basic/Basic/Proficient/Advanced)

Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

Lexile/Decoding/Comprehension Score \_\_\_\_\_ FSIQ \_\_\_\_\_

Absences \_\_\_\_\_ Office Referrals" (please describe) \_\_\_\_\_

Tardies \_\_\_\_\_

Strengths:

\_\_\_\_\_

\_\_\_\_\_

Needs:

\_\_\_\_\_

\_\_\_\_\_

Classroom Behaviors: \_\_\_\_\_

\_\_\_\_\_

Social:

\_\_\_\_\_

\_\_\_\_\_

### Current Level of Service

(Please check level for each subject area)

| SUBJECT | Regular Ed Instruction<br>(only accommodations) | Co-Taught Instruction<br>(reg ed teacher + special ed teacher or para) | Special Ed Instruction<br>(special ed teacher only) |
|---------|---|--|---|
| ENGLISH |   |  |   |
| MATH    |   |  |   |
| SCIENCE |   |  |   |
| HISTORY |   |  |   |

Case Manager (please print) \_\_\_\_\_

Telephone number/Ext. \_\_\_\_\_ Email \_\_\_\_\_