



Dental Science Program Application 2024-25

Woodhaven

1. Complete Section I, II, and III.
2. Provide a referral form to a core curriculum teacher, science preferred.
3. Return completed application and essay to your school counselor to complete Section IV. Counseling will attach the most current transcript, attendance record, and recommendation form, then submit to DCTC.
4. **Applications are due on or before April 12, 2024. Late applications may be wait listed.**
5. Recommended minimum GPA 2.75.
6. Recommended minimum grade of 2.0 in Biology and Algebra 1.

Section I - Completed by student

Date: _____ Home School: _____ Grade: _____

Name (first, middle and last): _____

Address: _____ City: _____ Zip: _____

Email addresses:
(school issued) _____

(personal email) _____

Phone: (Home) _____ (Cell) _____

Parent/Guardian Contact Information:

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

STATEMENT OF COMPLIANCE

The Downriver Career Technical Consortium complies with all federal laws and regulations of the U.S. Department of Education. It is the policy of the Downriver Career Technical Consortium that no person on the basis of race, color, religion, national origin or ancestry, age, gender, marital status, disability or limited English proficiency shall be discriminated against or excluded from participation in any program or activity to which it is responsible or for which it receives financial assistance from the U.S. Department of Education. Furthermore, the consortium will encourage participation by all of the above.

Adopted by the Downriver Career Technical Consortium
November 23, 1982

Section II Policy Agreements– Must be read, initialed & signed by both the parent and student.

I understand that:

 /
Parent/Student Initial

Upon acceptance, a mandatory Dental Science orientation will be required.

 /
Parent/Student Initial

Consistent attendance is important for success in this program. First year attendance is factored in when determining progression to second year.

 /
Parent/Student Initial

Poor grades and attendance can result in removal from the program at anytime during the school year.

 /
Parent/Student Initial

Dental Science II placement is by instructor approval only.

 /
Parent/Student Initial

I am accountable for understanding the rules and regulations of DCTC and Woodhaven High School, and will abide by them.

I certify that that I have read and understand the statements listed above, and that all contact information has been provided and is accurate.

Student Name (printed): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Section III - Student Essay- In no more that 250 words, provide a personal statement explaining your motivation in pursuing a career in Dental Science. Include any additional information (memberships, awards, activities, etc.) that may help with selection.

Section IV- To Be Completed by Counseling

Confirm that this application is complete and includes the following:

- Copy of most recent transcript
- Record of YTD attendance
- All signatures have been provided
- Student Essay
- Completed Program Referral Form

Counselor: _____ Date: _____

Completed applications must be submitted to Barb Ratusznik bratusznik@dctcschools.org by **April 12, 2024**

Section V- To Be Completed by DCTC

Date Received _____ Application Status _____

Grade Level in 2024-25	Cumulative GPA	BIO	ALG	YTD Attdnt.
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Dental Science I Program Referral Form 2024-25

As criteria for the first year Dental Science program, _____ must provide **current teacher references**. Please complete the form below. Thank You.

1. Length of time you have known this student and in what capacity? _____

2. Please evaluate the student by placing an "X" in the appropriate area:

	Above Average	Average	Below Average
A. The student has the ability to get along with others on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The student can be counted on (trustworthy) and is dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. The student takes initiative, is motivated and can work with minimal supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. The student has the ability to influence without authority & displays leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. The student has the ability to adapt to change & is open to different viewpoints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. The student displays punctuality on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. The student follows classroom rules/policies and is conscientious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please add any comments, which will aid in evaluating the applicant's ability to work directly with patient care:

4. Would you hire this student? Why or why not?

5. Please indicate the strength of your overall recommendations by placing an "X" below. The recommendation status is based on the number of Above Average, Average, and Below Average responses that were selected above.

Note: This reference is completely confidential. We ask that you answer all questions as honestly as possible.

RECOMMENDED STATUS (mark appropriate box):

NOT RECOMMENDED	RECOMMENDED	HIGHLY RECOMMENDED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0-4 Above Average Checks	5 Above Average Checks	6-7 Above Average Checks

Course Taught to Applicant: _____

Name (printed) _____

SIGNATURE: _____ **DATE:** _____

E-MAIL: _____

Due no later than April 12, 2024