

Team member, creative, imaginative, leader, programmer, designer, team player? Any of those apply to you? If so, complete your application for the Baytown Junior Robotics Competition Team complete with math/science teacher names, have parents sign off, and join this fascinating branch of technology!

Team Description:

Team membership is open to students in grades 6,7,8. We will utilize Lego Mindstorm kits and SCRATCH programming software to **design**, **build**, and **program** robots, and **compete** with other schools at an early Saturday January tournament. Robotics will involve research, problem solving strategies, motor control, torque, friction, sensors, program loops, decision-making, timing sequences, and propulsion. Since this is a UIL competition, grades and attendance are a priority. The team will be limited to **NO MORE THAN 10** team members.

As a Robotics student, you will be required to:

- Maintain a successful grade point average (pass ALL classes)
- Maintain satisfactory conduct, attendance, and partner cooperation (no discipline issues).
- Complete all assignments, both in and out of class.
- Participate in a competition outside the normal school day as assigned by the instructor.
- Attend and contribute to weekly robotics meetings, Tuesday/Wednesday 4:00-6:00, adding more as competition approaches.

Transportation home must be prompt, sponsors have family responsibilities. Possible Saturday build sessions, as needed (one or two 10-2 probably).

Students missing any practice 2 weeks prior to a tournament will not attend the tournament.

To help us make our decision regarding student selections for our team, please complete the application which consists of:

Contact information (BE SURE TO WRITE MATH/SCIENCE teacher at top!!!)	
Interview questions	
Teacher recommendation (will be given to teachers by Robotic Sponsor)	

Return your completed portion of the application to the Baytown Junior Library by Thursday, September 23. Teachers will be asked to complete appraisals of the student's academic performance, behavior, work habits. The plan is for any new team member to receive an acceptance note by Monday, September 27. If there are questions, please contact:

Mrs. West: 281.420.4560 X 60040, email: beverly.west@gccisd.net <a hr

Math Teacher	Sci	ence Teacher						
		ytown Junior Robotics Team						
PLEASE PRINT LEGIBLY	CONTACT INFORMATION							
Student Last Name	First Name	Preferred name to be called (if differen	 t)					
Grade	Student ID #	School Email Address						
(Student if applicable) Phone N	lumber (C)	(H)						
Address		ZIP Code						
Parent information								
his/her academic success. It is	also imperative for	nild in this program and be an advocate for you to ensure that your child is studying a promptly from after school activities.						
Parent/Guardian Last Name	First Name	Relationship						
Email Address								
Phone Number (C)	(H)		_					
Parent/Guardian Last Name	First Name	Relationship						

By signing below, the parent/guardian agrees for the student to participate in robotics.

(H)

Email Address

Phone Number (C)

Answer **FULLY** in complete sentences, continue on reverse, if more room is needed

List any conflicts that will prevent you from attending after school practices/meetings or the Saturday competitions/build sessions (probably one in late November, another in early/mid-December, possibly an early January. No Saturday session will be the week of a school holiday:

Answer the following Robotics TEAM Interview Questions in complete sentences

1. What do you think might be the most enjoyable part of being a member of the robotics team?

2. What is special about you that you will bring to the robotics team?

3. What do you hope to achieve on this team?

5. Give an example of a project you completed with a team **OR** describe team experiences.

4. Why do you want to be in the Robotics program?

6. You have a fabulous idea for the robot, but nobody wants to do it! Now what?

Teacher Recommendation Form

Student Name		ID				
What are the first t	wo words tha	it come to	mind des	cribing th	nis student?	
1		2.				
Please place a che	eckmark in th n the same gi	e box that rade whor	represen n you hav	its your e e taught.	valuation of Feel free to	the student in comparison o enter comments that you
	One of the top few I have ever encountered	Excellent (top 10%)	Good (above average)	Average	Below Average	Comments
Intellectual ability						
Ability in oral expression						
Intellectual curiosity Problem Solver						
Effort and						
determination						
Ability to work independently						
Organization Creativity						
Willingness to take risks						
Honesty/Integrity						
Ability to work with others						
Maturity						
Responsible						
Respected by faculty						
Respected by peers						
Self-control						
Reliable						
Collaborative						
						tions □ Do not recommend
Name Please return this f						Date

Teacher Recommendation Form Due September 24, 2021, 4:15 p.m., library

Student:		Subject Taught									
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	1	2	3	4	5	6	7	8	9	10	
2. Problem	solver	: Intere	sted in	and ir	ntrigued	d by sol	ving pı	roblems	S.		
	1	2	3	4	5	6	7	8	9	10	
3. Creative	thinke	r: think	s outsi	de-the-	box, se	ees thir	ngs fro	m multi	ple per	spectives.	
	1	2	3	4	5	6	7	8	9	10	
4. Curious	mind: \	wants t	o learn	, wants	s to kno	ow why					
	1	2	3	4	5	6	7	8	9	10	
5. Self-con	trolled:	able to	maint	ain foc	us and	attenti	on.				
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6. Reliable	: comp	letes a	ssignm	ents in	a time	ly man	ner; do	es not	need,	'micromana	ging."
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7. Collabor	ative: \	willing t	o contr	ibute, l	listen to	o, cons	ider an	d acce	pt idea	s from other	S.
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Please writ performs, u	_			_		_		_		this student	thinks and
Teacher na	ame (p	rinted):									
Signed:									Date:		

Teacher Recommendation Form Due September 24, 2021, 4:15 p.m., library

Student: _				Subject Taught							
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7. Collabo	rative: \	willing t	o contr	ibute,	listen to	o, cons	ider an	d acce	pt idea	s from others.	
	1	2	3	4	5	6	7	8	9	10	
Please wri performs,	_			_		_		_		this student think:	s and
Teacher na	ame (p	rinted):									
Signed:									Date:		