



2018 NEW STUDENT APPLICATION

Priority Deadline: February 9, 2018
Regular Deadline: March 2, 2018

Breakthrough Pittsburgh, formerly Summerbridge Pittsburgh, is a tuition-free, **six-year academic enrichment program** committed to supporting academically motivated, but under-resourced middle and high school students to enter and succeed in college-preparatory high school programs and attend a four-year college. Operating under a six-year model, programming for students and families begins the summer before 7th grade and continues during the school year and throughout high school.

Application Checklist

Steps:	To be completed by:
<input type="checkbox"/> 1. Student Statement <ul style="list-style-type: none"> ○ Student Information ○ Short Answers 	Student
<input type="checkbox"/> 2. Family Statement <ul style="list-style-type: none"> ○ Family Information ○ Free or Reduced Lunch Application ○ Short Answers 	Parent/Guardian
<input type="checkbox"/> 3. Release of Records Form Please complete this form and have your student take it to the school counselor or principal.	Parent/Guardian (Give to Principal or Counselor)
<input type="checkbox"/> 4. Guidance Counselor or Principal Form Give these forms to the school counselor or principal.	Counselor or Principal
<input type="checkbox"/> 5. Two Teacher Reference Forms Give these forms to two teachers who know your student well.	Two Teachers that know the student well

Please mail applications to: Breakthrough Pittsburgh,



DUE: March 2, 2018

315 Academy Avenue, Sewickley, PA 15143



Frequently Asked Questions:

What is Breakthrough Pittsburgh?

Breakthrough Pittsburgh is a **tuition free, six-year academic enrichment program** for highly motivated, under-resourced middle and high school students who plan to attend a four-year college.

When should my student apply to Breakthrough?

Interested students apply during their 6th grade school-year. This year, there are a few spots for the current class of 2023; therefore, 7th grade students may also apply.

Who are Breakthrough Students?

Breakthrough students are highly motivated and under-resourced students who have above-average grades, are good citizens in their schools, and are committed to attend a four-year college. Breakthrough students embrace hard work, challenging tasks, and honest feedback. They support and encourage their peers, are excited to explore and learn new things, and set goals and meet them.

What is the commitment?

Breakthrough is a six-year commitment and families are expected to participate actively in the program starting with the summer before 7th grade and continue through the end of their student’s senior year in high school.

	7 th Grade	8 th Grade	9 th Grade	10 th Grade	11 th Grade	12 th Grade
Summer Program	6-Week Program		3-Week Program		College Week	
School-Year Program	Academic and ACT/SAT Tutoring					
	Five Super Saturdays				Individual College Workshops	
	High School Options Meetings			College Bound Mentors		
	College Tours					
	BT Staff Visits Students in School					

Is it okay to miss a few days of the summer program for a vacation?

Attendance in the summer program is **mandatory**, except in cases of illness. With a limited number of days in the summer program, students who are absent will fall behind quickly and miss valuable instruction. If your family is planning an extended vacation and your student will miss more than three academic days, you should talk to the BT staff before applying to see how we can make it work.



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After our family submits an application, what's next?

Within two weeks of the deadline, you will know if you are invited for an interview. Applications received by the priority deadline may be invited to an interview on February 24 and April 7 for the regular deadline. After interviews, final decision letters will be mailed by March 9 for priority deadline and April 27 for all other applicants. Interviews take place at Sewickley Academy. If you have concerns about the date or location of the interview, please call to discuss with the BT staff.

Where is Breakthrough Pittsburgh?

The Breakthrough Pittsburgh office and the summer program are located at Sewickley Academy, 315 Academy Avenue, Sewickley, PA 15143. However, we occasionally hold Breakthrough meetings and events at libraries, the University of Pittsburgh, and in school buildings around the city.

Is transportation provided?

Due to our location and limited funds, we are able to provide transportation for the following areas: Pittsburgh city limits, Coraopolis, Stowe Township, McKees Rocks, or Sewickley. Students who live outside of these neighborhoods may apply, but will be responsible for transportation to and from an existing bus stop or Sewickley Academy.

When is the application due?

Priority deadline applications are due February 9. Priority applicants will find out in mid-February whether or not they have moved to the second round of the admissions process. The regular deadline is March 2 and applicants will find out by mid-March whether they have moved to the next round. Any application received after March 2 will be put on a waitlist. The earlier you complete your application, the better!

How do I submit my student's application?

Applications can be mailed, scanned and emailed, or faxed to the Breakthrough office by the deadline. If you scan or fax the application to ensure it meets a deadline, please mail the hard copy to the BT office. Some school counselors may collect applications at the school and mail them for you. Check with your counselor about this option.

Any important advice?

Breakthrough Pittsburgh is a selective program which means that there are many strong applicants who submit applications, only 30-35 students are selected for each class. Regardless of admission, you can learn a lot about yourself by applying. Put in your best effort. Be yourself and have fun!



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1. STUDENT STATEMENT

Students, please use a pen to fill out the application in **YOUR OWN HANDWRITING**. Remember to print clearly. Thank you!

STUDENT INFORMATION:

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____
 DATE OF BIRTH: (month/day/year) ____ GENDER: _____
 NAME OF CURRENT SCHOOL: _____ GRADE: _____

Please list the names of the two teachers to whom you will give reference forms, as well as the name of your counselor or principal who will be sending your grades:

1. TEACHER'S NAME: _____ EMAIL: _____
2. TEACHER'S NAME: _____ EMAIL: _____
3. GUIDANCE COUNSELOR/PRINCIPAL NAME: _____

SHORT-ANSWERS: Please write 3-4 full sentences to answer each question.

1. Breakthrough students attend a six-week summer program, five days of Super Saturdays throughout the school year, and commit to high academic expectations throughout high school. This is a big commitment. Explain why you want to spend your summers and occasional Saturdays at Breakthrough for many years. What are you hoping to gain?

2. Of the books you read in the past year, which one made the biggest impression on you and why?



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3. What are your future goals? How is attending college going to help you reach these goals?

—

—

4. Tell us about a time when you were confronted with a difficult academic challenge. How did you deal with it?

—



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2. Family Statement: Contact Information

STUDENT'S NAME:

First _____

Last _____

PARENT/GUARDIAN 1:

First _____

Last _____

Relationship to Student: Mother Father Stepmother Stepfather Guardian Other: _____

Home Address: _____

Street

City

State

Zip

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email Address: _____

Preferred Method of Contact:

Home Phone Work Phone Cell Phone Text Message Email

Occupation: _____ Employed by: _____

Completed Education: High School/GED Associates Bachelor's Degree Graduate Degree Doctorate Degree

PARENT/GUARDIAN 2:

First _____

Last _____

Relationship to Student: Mother Father Stepmother Stepfather Guardian Other: _____

Check here if parent/guardian 2 has same address as above:

If different home address: _____

Street

City

State

Zip

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email Address: _____

Preferred Method of Contact:

Home Phone Work Phone Cell Phone Text Message Email

Occupation: _____ Employed by: _____

Completed Education: High School/GED Associates Bachelor's Degree Graduate Degree Doctorate Degree



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STUDENT'S NAME: _____

First

Last

With whom is the student currently living?

Parent/Guardian 1 only Parent/Guardian 2 only Both (joint custody)

Other : Name and relationship to student: _____

If parents/guardians do not live together, who should official Breakthrough/academic information be sent to?

Parent/Guardian 1 only Parent/Guardian 2 only Both (joint custody)

Other : Name and relationship to student: _____

Which parent is financially responsible for the student?

Parent/Guardian 1 only Parent/Guardian 2 only Both (joint custody)

Other : Name and relationship to student: _____

Languages (other than English) spoken in the student's home: _____

Of these, which is the student's primary language: _____

Does your student have a sibling who is a current or former BT Student? Yes No

If yes, please give the name(s) and current age(s) of the sibling(s): _____

Free or Reduced Lunch Application (Next Two Pages):

Breakthrough seeks to increase educational opportunities for highly-motivated middle and high school students. We ask about family income to help us assess whether your family might have access to other opportunities aside from our program. Breakthrough assesses the whole student, and your financial information is only one piece of the student profile. Your answers do not necessarily determine eligibility for the program.



DUE: March 2, 2018

2018 Household Application for Free and Reduced Price Summer Meals

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are Infants, children and students up to and including grade 12 (If more spaces are required for additional names, attach another sheet)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	Grade	Student? Yes No
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price Meals for more information.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

IF NO > Go to STEP 3. **IF YES** > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income: \$

How often? Weekly Biweekly 2x Month Monthly

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income for each source in whole dollars (no cents) only, if they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income from that source.

Name of Adult Household Members (First and Last)	Earnings from Work				How often?				Public Assistance/Child Support/Alimony				How often?				Pensions/Retirement/All Other Income			
	Weekly	Biweekly	2x Month	Monthly	Weekly	Biweekly	2x Month	Monthly	Weekly	Biweekly	2x Month	Monthly	Weekly	Biweekly	2x Month	Monthly	Weekly	Biweekly	2x Month	Monthly
<input type="text"/>	\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	\$				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

Check if no SSN

STEP 4 Contact Information and adult signature

* Certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that officials may verify (check) the information. I am aware that if I purp information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.



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INSTRUCTIONS Sources of Income

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retiremen All Other Incom
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	<ul style="list-style-type: none"> - Salary, wages, cash bonuses - Net income from self-employment (farm or business) 	<ul style="list-style-type: none"> - Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits 	<ul style="list-style-type: none"> - Social Security (including railroad retirement and black benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash pay from outside house
- Social Security <ul style="list-style-type: none"> - Disability Payments - Survivor's Benefits 	<ul style="list-style-type: none"> - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits 	<ul style="list-style-type: none"> - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing 		
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money			
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPRI) case number or other FDPRI identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact through the Federal Relay Service at (800) 877-8339. Additionally, program information may be available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form, request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to:

U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410

fax: (202) 690-7442; or
 email: program.intake@usda.gov.
 This institution is an equal opportunity provider.

Do not fill out For official SFSP use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income

How often?
 Weekly | Bi-weekly | 2x Month | Monthly

Household Size

Eligibility:
 Pass | Reduced | Denied



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2. Family Statement: Short Answers

STUDENT'S NAME:

First

Last

Family involvement is an **essential** part of Breakthrough. If your student is accepted to the program, you will be expected to make this program a priority for the next six years.

What are your student's interests and/or extracurricular commitments?

How do you actively participate in your student's education?

Why would you like to see your student involved in Breakthrough Pittsburgh? Where do you see your student in six years?

Breakthrough demands a dedicated commitment on behalf of both the student and the family. Your student will be challenged during his/her experience. Please explain a time when you helped your student push through a challenging task.

What do you love about your student? What would you like us to know about them?



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4. Release of Records Form

Please complete this form and have your student take it to the **SCHOOL GUIDANCE COUNSELOR** or **PRINCIPAL**.

To:

(Name of your student's school counselor or principal)

My Student:

(Name of your student)

The student above is applying to **BREAKTHROUGH PITTSBURGH**, a tuition-free, six-year academic enrichment program committed to supporting academically motivated, but under-resourced middle and high school students to enter and succeed in college-preparatory high school programs and attend a four-year college.

Please release a copy of my student's transcripts to Breakthrough Pittsburgh.

Please mail, email, or fax my student's transcripts no later than March 2, 2018 to:

BREAKTHROUGH PITTSBURGH

315 Academy Avenue

Sewickley, PA 15143

Email: gcarl@sewickley.org

Fax: 412-741-1411

Phone: 412-741-2230 ext. 3143

Parent or Guardian Signature

Date

Parent or Guardian Name (PRINT)



DUE: March 2, 2018

5. Guidance Counselor/Principal Form

Breakthrough Pittsburgh, formerly Summerbridge Pittsburgh, is a tuition-free, six-year academic enrichment program committed to supporting academically motivated, but under-resourced middle and high school students to enter and succeed in college-preparatory high school programs and attend a four-year college. Operating under a six-year model, programming for students and families begins the summer before 7th grade and continues during the school year and throughout high school. Breakthrough also prepares the next generation of educators by recruiting and training outstanding high school and college students to become Breakthrough teachers and encouraging them to pursue careers in education and youth-service.

STUDENT'S NAME:

First

Middle

Last

NAME OF COUNSELOR/PRINCIPAL: _____

SCHOOL NAME:

Please mail, email, or fax this form no later than March 2, 2018 to:

BREAKTHROUGH PITTSBURGH

315 Academy Avenue
Sewickley, PA 15143

Email: gcarl@sewickley.org

Fax: 412-741-1411

Phone: 412-741-2230 ext. 3143

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Does the student participate in advanced or honors classes?

yes no

Does the student have a GIEP and/or attend the Pittsburgh Gifted Center?

yes no

Does the student have an IEP and/or receive in-school learning support?

yes no

If yes, please explain: _____

Breakthrough students are asked to commit to a six-year rigorous academic enrichment program that will challenge them to maintain a high standard of excellence. Please comment on this student and family's ability to commit to such a program.



DUE: March 2, 2018

Thank you for your help in this process!



DUE: March 2, 2018

6. Teacher Reference Form

TEACHER 1

Breakthrough Pittsburgh, formerly Summerbridge Pittsburgh, is a tuition-free, **six-year academic enrichment program** committed to supporting academically motivated, but under-resourced middle and high school students to enter and succeed in college-preparatory high school programs and attend a four-year college. Operating under a six-year model, programming for students and families begins the summer before 7th grade and continues during the school year and throughout high school. Breakthrough also prepares the next generation of educators by recruiting and training outstanding high school and college students to become Breakthrough teachers and encouraging them to pursue careers in education and youth-service.

We would appreciate your candid responses, which will be kept confidential. If you have any questions regarding the program, please call the Breakthrough Office at 412-741-2230 ext. 3143.

Please mail, email, or fax this form no later than March 2, 2018 to:

BREAKTHROUGH PITTSBURGH
315 Academy Avenue
Sewickley, PA 15143

Email: gcarl@sewickley.org
Fax: 412-741-1411
Phone: 412-741-2230 ext. 3143

Thank you for your help with this process!

Student's Name: _____ School: _____

Teacher's Name: _____ Subject(s): _____

I prefer not to fill out this form and will discuss this student over the telephone with the Breakthrough staff at (412) 741-2230 ext. 3143.

Breakthrough students are asked to commit to a six-year rigorous academic enrichment program that will challenge them to maintain a high standard of excellence. Please comment on this student and family's ability to commit to such a program.

Teacher Signature _____ Date _____

Work phone number _____ Work email address _____ **OVER →**



DUE: March 2, 2018

Please circle the response that best suits the student in relation to the other students you teach.

KEY		
1 = No Basis for Judgement	2 = Below Average	3 = Average
4 = Above Average	5 = Excellent	

Student's skill level in your class:

- Very Advanced
 Advanced
 Proficient
 Other

Supports and encourages peers	1 2 3 4 5
Adapts to new challenges	1 2 3 4 5
Demonstrates humility	1 2 3 4 5
Embraces honest feedback	1 2 3 4 5
Open to new ideas and change	1 2 3 4 5

Thinks through challenging tasks	1 2 3 4 5
Has motivation to go above and beyond	1 2 3 4 5
Seeks ways to help self and community	1 2 3 4 5
Communicates respectfully with adults and peers	1 2 3 4 5
Takes positive risks/steps outside comfort zone	1 2 3 4 5

I recommend this student to the BREAKTHROUGH PITTSBURGH program

- with great enthusiasm
 with confidence
 with some confidence
 with reservation
 I do not recommend

Please comment on your response: _____

What additional information should we know about this student or family before we make this decision?

Be an Instructional Coach! - Professional Development Opportunity, Summer 2018

Breakthrough instructional coaches provide intensive training, coaching and support to our teaching fellows — top college and high school students from across the country who compete for our prestigious teaching residency. Together, teaching fellows and instructional coaches provide transformative summer learning experiences for under-resourced students, the majority of whom will be the first in their families to graduate from four-year colleges.

For more information about expectations, qualifications, and compensation, please contact Executive Director Carrie Miller at cjmillier@sewickley.org or visit our national affiliate site, <https://www.breakthroughcollaborative.org/coach>.



DUE: March 2, 2018

6. Teacher Reference Form

TEACHER 2

Breakthrough Pittsburgh, formerly Summerbridge Pittsburgh, is a tuition-free, **six-year academic enrichment program** committed to supporting academically motivated, but under-resourced middle and high school students to enter and succeed in college-preparatory high school programs and attend a four-year college. Operating under a six-year model, programming for students and families begins the summer before 7th grade and continues during the school year and throughout high school. Breakthrough also prepares the next generation of educators by recruiting and training outstanding high school and college students to become Breakthrough teachers and encouraging them to pursue careers in education and youth-service.

We would appreciate your candid responses, which will be kept confidential. If you have any questions regarding the program, please call the Breakthrough Office at 412-741-2230 ext. 3143.

Please mail, email, or fax this form no later than March 3, 2017 to:

BREAKTHROUGH PITTSBURGH
315 Academy Avenue
Sewickley, PA 15143

Email: gcarl@sewickley.org
Fax: 412-741-1411
Phone: 412-741-2230 ext. 3143

Thank you for your help with this process!

Student's Name: _____ School: _____

Teacher's Name: _____ Subject(s): _____

I prefer not to fill out this form and will discuss this student over the telephone with the Breakthrough staff at (412) 741-2230 ext. 3143.

Breakthrough students are asked to commit to a six-year rigorous academic enrichment program that will challenge them to maintain a high standard of excellence. Please comment on this student and family's ability to commit to such a program.

Teacher Signature

Date

Work phone number

Work email address

OVER →



DUE: March 2, 2018

Please circle the response that best suits the student in relation to the other students you teach.

KEY		
1 = No Basis for Judgement	2 = Below Average	3 = Average
4 = Above Average	5 = Excellent	

Student's skill level in your class:

- Very Advanced
 Advanced
 Proficient
 Other

Supports and encourages peers	1 2 3 4 5
Adapts to new challenges	1 2 3 4 5
Demonstrates humility	1 2 3 4 5
Embraces honest feedback	1 2 3 4 5
Open to new ideas and change	1 2 3 4 5

Thinks through challenging tasks	1 2 3 4 5
Has motivation to go above and beyond	1 2 3 4 5
Seeks ways to help self and community	1 2 3 4 5
Communicates respectfully with adults and peers	1 2 3 4 5
Takes positive risks/steps outside comfort zone	1 2 3 4 5

I recommend this student to the BREAKTHROUGH PITTSBURGH program

- with great enthusiasm
 with confidence
 with some confidence
 with reservation
 I do not recommend

Please comment on your response: _____

What additional information should we know about this student or family before we make this decision?

Be an Instructional Coach! - Professional Development Opportunity, Summer 2018

Breakthrough instructional coaches provide intensive training, coaching and support to our teaching fellows — top college and high school students from across the country who compete for our prestigious teaching residency. Together, teaching fellows and instructional coaches provide transformative summer learning experiences for under-resourced students, the majority of whom will be the first in their families to graduate from four-year colleges.

For more information about expectations, qualifications, and compensation, please contact Executive Director Carrie Miller at cjmillier@sewickley.org or visit our national affiliate site, <https://www.breakthroughcollaborative.org/coach>.