

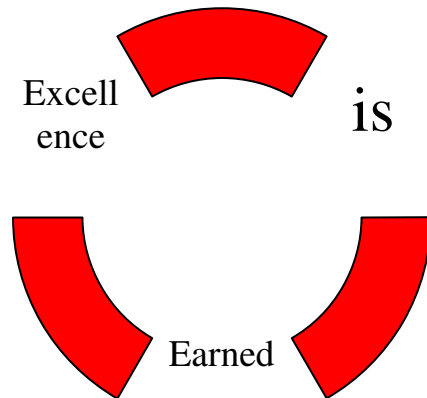
National Educational Empowerment Summit, Inc.



**“I Can Do That” Project**

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<b>Deadline:</b> _____ _____
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## *“I Can Do That” Project Application*

*Not failure, but low aim is Sin---Dr. Benjamin E. Mays*

***All students are encouraged to apply.  
Currently there are no fees for our service.***

*I do not advocate a simplistic “basic skills” approach for children outside of the culture of power. It would be tragic to operate as if these children were incapable of critical and higher-order thinking and reasoning. Rather, I suggest that schools provide these children the content that other families from a different cultural orientation provide at home. This does not mean separating children according to family background, but instead, ensuring that each classroom incorporate strategies appropriate for all the children in its confines (Lisa Delpit, 1995).*

The **“I Can Do That” Project** is a community-based college preparatory program that provides low-income students from diverse backgrounds with the academic, leadership and personal skills needed to achieve in school. Most of the students are from underrepresented minority groups. The program provides students educational resources that empowers, engages, and motivates them to fulfill their potential. The program also provides educational workshops tailored to support the involvement of parents/guardians as proactive advocates in their children’s educational process.

### ***Eligibility***

- Economically disadvantaged males entering/enrolled in the 9<sup>th</sup> grade
- Students who demonstrate promise but would benefit from academic support and mentorship
- Students who wish to develop leadership skills, enhance their academic abilities and prepare for post-secondary options

### ***How do I apply?***

- Return completed forms to the address below or school sponsor.

**National Educational Empowerment Summit, Inc.**  
**Attention: “I Can Do That” Project**  
**8178C Edge Rock Way**  
**Laurel, MD 20724**

### ***Responsibilities of Students and Parents***

Once accepted to the program, students are required to attend all Saturday Enrichment activities and will only be excused from two events. If students miss more than two events, their application to the program will be re-evaluated. Students are expected to be prepared at all times. Missed homework assignments will not be tolerated and will only be excused in extreme cases. Failure to meet these requirements will result in expulsion from the program.

**Dr. Christopher A. Lester & Dr. Stacy Williams**  
**©September, 2000**

Parents are an integral part to the success of our program. Parents should ensure that that their child is prepared to participate in all the Saturday activities. Parents are also required to attend one workshop once a month and volunteer for Project activities. Letters will be sent to parents highlighting workshops topics for the coming months. Parents will be instrumental in choosing the topics that are covered at these meetings.

# “I Can Do That” Project

## Part 1A: Teacher Form

### TEACHER INTERVIEW CLASSROOM—BASED ASSESSMENT

STUDENT: \_\_\_\_\_ TEACHER: \_\_\_\_\_

DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ CURRENT PHONE #: \_\_\_\_\_

DATE: \_\_\_\_\_ EVALUATOR: \_\_\_\_\_

SIGNATURE

Please give your professional opinion of this student by checking all items that are related to the student’s performance in your class. (Check only items that apply.)

#### General Attitude and Behavior

No Basis	Criteria	Below Average	Average	Above Average	Excellent
	Creative, original thought				
	Motivation				
	Self-Confidence				
	Emotional Maturity				
	Personal Integrity				
	Concern for Others				
	Sense of Humor				
	Seriousness of Purpose				
	Independence, initiative				
	Class Attendance				
	Respect for Authority				
	Discipline				
	Works Well with Others				

#### Academic Performance

No Basis	Criteria	Below Average	Average	Above Average	Excellent
	Intellectual curiosity				
	Academic Achievement				
	Written Expression of Ideas				
	Effective Class Discussion				
	Work Ethic				
	Potential for Growth				



Part 1B: Family Friend, Church Family, etc

### Nomination Form

**Fill the appropriate spaces below.**

Student: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_

Areas of Strength:

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Areas of Concern:

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How may this program help this student with achieving his/her academic goals and objectives?

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Please give your opinion of this student by checking all items that are related to the student's performance in your class. (Check only items that apply.)

No Basis	Criteria	Below Average	Average	Above Average	Excellent
	Intellectual Curiosity				
	Leadership				
	Diligence				
	Emotional Maturity				
	Seriousness of Purpose				
	Concern for Others				
	Potential for Growth				

**Part 2: Parent/Caretaker**

**Application Form**

**IDENTIFICATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_(HOME) \_\_\_\_\_(WORK)

EMAIL: \_\_\_\_\_

BEST WAY TO CONTACT YOU: \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

INCOME: \_\_\_\_ <20,000 \_\_\_\_ 20-30,000 \_\_\_\_ 30-40,000 \_\_\_\_ 40-50,000 \_\_\_\_ 50+

**MEDICAL INFORMATION**—*Please answer the following questions about your child*

Does he/she  
Have a known medical condition? \_\_\_\_ Yes \_\_\_\_ No  
If yes, state condition \_\_\_\_\_

Regularly take medication? \_\_\_\_ Yes \_\_\_\_ No  
If yes, state condition \_\_\_\_\_

Receive Professional treatment? \_\_\_\_ Yes \_\_\_\_ No  
If yes, state condition \_\_\_\_\_

Physical/medical limitations \_\_\_\_\_

Does he/she have diagnosed health impairment? (e.g., ADHD) \_\_\_\_ Yes \_\_\_\_ NO  
If yes, state condition \_\_\_\_\_

What are your child's areas of strengths?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are you child's areas of weakness?

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How do you envision this program helping your child?

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Estimate the amount of hours spent during the week doing the following:

1. Helping your child with his/her homework \_\_\_\_\_
2. Checking to ensure his/her homework is complete \_\_\_\_\_
3. Communicating with your child's teacher \_\_\_\_\_

Are there areas of concerns you would like to explore at our parent/caretaker hour once a month?

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

**Part 3: Student**

**Application Form**

*The student with the aid of the teacher or parent/guardian should fill out this section.  
\*Your answers will not affect your ability to participate in this program. All responses will remain confidential.*

Name: _____	Grade: _____
Gender: _____	Ethnicity: _____
School: _____	Age: _____

<b>What subjects do you enjoy the most or feel best about?</b>	<b>What subjects give you the most difficulty?</b>
<b>Do you have enough time to finish classroom assignments/tests?</b>	<b>How much do you study on average per week?</b>
<b>Who helps you with your homework?</b>	<b>Do you have any siblings? If yes, what ages?</b>
<b>Do you enjoy school? What do you like about school?</b>	<b>What do you dislike about school?</b>

<p><b>Have you had any unpleasant interactions with your teachers/principals?</b></p>	<p><b>Have you been in trouble for your behavior?</b></p>
<p><b>Are you involved in any extra-curricular activities? What do you do for fun?</b></p>	<p><b>What would you like do after you graduate?</b></p>
<p><b>What are some good qualities about you?</b></p>	<p><b>What are the areas you wish to improve?</b></p>
<p><b>What are some of the things you would like to explore or learn more about?</b></p>	<p><b>Is there anything else you would like to tell us about yourself?</b></p>
<p><b>Why do you want to attend this program?</b></p>	<p><b>If you could choose any career, what would it be?</b></p>