



GCPS **STAR** TEAM (Student Technology Assistance & Response)

Application Form

Name: _____ School: _____

Grade level for 2022-23 School Year : _____

As part of the interview process you will need to demonstrate proficiency in multiple skills: reading, writing, communication, critical thinking, and technological skills. You will demonstrate proficiency by completing the following tasks.

1. Select the team(s) you are interested in participating on. Place a check in the blanks of your preference(s) below

_____ Digital Resources and Instructional Support Team

_____ Marketing and Promotion Team

_____ Device Support and Repair Team

_____ Cyber Security and Network Support Team

2. Obtain two recommendations. One from the Principal and one from a Teacher at your current school. (Use the recommendation form provided in this document).



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- 3. Complete a one page introduction of yourself and why you would be a good fit on the **GCPS STAR TEAM** . **Do not exceed one page.**

- 4. Answer the following question in the space below: You have to get from point A to point B. You don't know if you can get there. What would you do?



GCPS **STAR** TEAM (Student Technology Assistance & Response)

Student Recommendation Form

Recommended Students Name: _____

School _____ Grade level for 2022-23: _____

This student is interviewing for an internship position in the GCPS **STAR** program (Student Technology Assistance and Response). **STAR** interns must be able to work with district and school administration, teachers, support staff and students with tasks that require the use of technology. It is critical the intern have the following **STAR** Values: Adaptability/Flexibility, Appearance, Attendance, Collaboration, Communication, Critical Thinking Skills, Empathetic, Learners Mindset, and Responsible/Accountable

Please write a few lines in the space provided below commenting on this student's abilities in this regard. **Return the signed recommendation to Melissa Lynch by email (lynchm@gcs.k12.nc.us) or in a sealed envelope by the district mail courier.**

Principal or Teacher Signature: _____

Principal or Teacher Name: _____

Date: _____