Upward Bound Program Participant Application

Upward Bound is a program that helps students develop the skills and motivation necessary to graduate from high school and succeed in college. All Upward Bound activities and services are free to students enrolled in the program.
Before submitting the application, please ensure that you have completed and provided the following:

- All appropriate boxes checked and blanks filled in on all pages.
- Signed photocopy of parent/guardian’s **Income Tax Return Form 1040 or 1040A** for the **PRECEDING YEAR**, or supporting income documentation (see page 2 of application).
- **Information Sheet** signed by both student and a parent/guardian.
- **Parent/Guardian Questionnaire** completed by parent/guardian.
- **Student Academic Needs Survey** completed by student.
- **Student Personal Data Form** completed by student.
- **Student Contract** completed by student.
- **Record Release Form** signed by parent/guardian.
- **Parental Permission and Support Forms** signed by parent/guardian.
- **Liability Release & Medical Information Form and Insurance Information & Emergency Care Authorization**
- **Counselor Recommendation Form** completed by your school counselor, then mailed or faxed to Upward Bound Program office.
- **Photocopy of student’s Social Security card.**
- **Verification of U.S. citizenship or residency.** Please attach a copy of **one** of the following documents:
  - U.S. Birth Certificate
  - U.S. Passport
  - Naturalization papers
  - Resident Registration Card
- **Photocopy of student’s most recent school transcript or report card, and FSA scores**

Please mail the completed parent and student portions of the application (excluding Counselor Recommendation Form) as soon as possible to:

Rollins College
Upward Bound Program
1000 Holt Avenue #2758
Winter Park, FL 32789
Ph: 407-646-2282
Fax: 407-646-2318
Email: jbrant@rollins.edu
APPLICATION FOR PARTICIPATION

Name: ___________________________________  Today’s Date: ___________________________

Address: ___________________________________  County: _________________________________

Street Address: ____________________________  Home Phone: ______________________________

City, State and Zip Code: ______________________

Student E-mail: ____________________________  Student Cell Phone: _______________________

Sex: □ Male  □ Female  Date of Birth: ___________________________  Age: _______________________

Social Security Number: _____________________  U.S. Citizen? □ Yes □ No

Place of Birth: _______________________________  If No, Resident Number: __________________

City/State/Country: ____________________________  Attach a copy of your RA Card to the application

Racial/Ethnic Origin – please answer both questions 1 and 2.

1. Are you Hispanic or Latino?  __ Yes  __ No

2. If “No” Please check one: □ American Indian or Alaska Native  □ Asian  □ Black or African
   American  □ Native Hawaiian or Other Pacific Islander  □ White

Current Grade (or highest grade completed): □ 8th  □ 9th  □ 10th  □ 11th

Current School: ____________________________  School Counselor: _________________________

If currently in middle school, high school you will attend: _________________________________

With whom do you live?

□ Mother only  □ Father only  □ Parent and Stepparent

□ Guardian/Other (Please specify below)

Name: ____________________________ Relation: ____________________________ Phone #: _____________

Father’s Name: ____________________________ Occupation: ____________________________

Place of Business: _________________________ Work Phone: ____________________________ OK to contact? □ Yes □ No

Father’s Email: ____________________________ Father’s Cell Phone: _______________________

Is father a college graduate? □ Yes □ No  If Yes, degree received (i.e. AA, BS): ____________

College Attended: __________________________

Mother’s Name: ____________________________ Occupation: ____________________________

Place of Business: _________________________ Work Phone: ____________________________ OK to contact? □ Yes □ No

Mother’s Email: ____________________________ Mother’s Cell Phone: _______________________

Is mother a college graduate? □ Yes □ No  If Yes, degree received (i.e. AA, BS): ____________

College Attended: __________________________

Family size: _____ (total number currently in household)

Emergency Contact:

Name: ____________________________ Relation: ____________________________ Phone #: _____________

Office Use Only:

Date Application Received __________________________ □ Accepted  Date: _____________

Date Application Completed __________________________ □ Denied  Date: _____________

Date Application Reviewed __________________________ □ Wait Listed  Date: _____________
Family Income Information

To be completed by parent or guardian
For Rollins College to determine eligibility for Upward Bound participation, federal regulations require documentation of the applicant's family size (# of exemptions) and taxable income for the preceding calendar year. Therefore, you are asked to complete ONE of the appropriate sections below:

SECTION 1 -- FOR PARENT(S) WHO FILE AN IRS 1040 OR 1040A FORM
In this section, please check ONLY ONE box

☐ During the 2017 tax year, my family was supported by father and/or mother's employment. A signed copy of the IRS 1040 or 1040A Form is attached to this application. OR

☐ During the 2017 tax year, my family was supported by father and/or mother's employment. A 1040 or 1040A Form is not attached to this application but the required information is provided below:

From Form 1040:
Filing Status, lines 1 2 3 4 or 5 (Please check the correct status)
line 6d indicates, "Total number of exemptions claimed." .......... ☐
line 43 indicates, "Taxable Income." ........................................... $

OR

From Form 1040A:
Filing Status, lines 1 2 3 4 or 5 (Please check the correct status)
line 6d indicates, "Total number of exemptions claimed." .......... ☐
line 27 indicates, "Taxable Income." ........................................... $

SECTION 2 -- FOR PARENT(S) WHOSE INCOME WAS NOT LARGE ENOUGH TO REQUIRE FILING OF AN IRS 1040 OR 1040A FORM

Family Size: ______ Combined earnings for the year 2017: $
Sources of Income:
If any of the sources of income listed below apply to you, please complete the appropriate section:
☐ Social Security and/or Federal Benefits (Type of Benefit(s)):
(Copy of letter from Social Security Office is attached)
☐ Welfare Benefits: (Case # ____________________________)
(Copy of benefits letter from HRS is attached)
☐ AFDC Benefits: (Case # ____________________________)
(Copy of benefits letter from HRS is attached)

SECTION 3 -- ☐ (Check if applicable) APPLICANT IS A FOSTER CHILD
(Agency: ____________________________) Documentation attached

I hereby certify that the information and attached documents provided to support this application are true and correct, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal Laws.

Additionally, I understand that the information given herein and supporting documents are for the receipt of Federal assistance. Thus, officials handling this application may verify the provided information using either computer matching programs, or by other means, with Federal or State Agencies. [Note: The information you provide may be disclosed to third parties for the sole purpose of verifying eligibility requirements, and in an effort to prevent fraud, waste, and abuse in providing Federal assistance.]

Parent or Legal Guardian’s Signature ____________________________ Date ____________
Rollins College
Upward Bound Program
PARENT / GUARDIAN QUESTIONNAIRE

Your name: ____________________  Student’s name: ____________________

Why is your child’s participation in the Upward Bound Program important to you?

______________________________________________________________________

______________________________________________________________________

What are your expectations of this program?

______________________________________________________________________

______________________________________________________________________

What jobs or careers would you like to see your child pursue?

______________________________________________________________________

______________________________________________________________________

After my child graduates high school, I expect him/her to:

____ Attend a community college close to home
____ Attend a Vocational School
____ Attend a 4-year college or university in Florida
____ Attend a 4-year college or university out of state

Statement of Parent Responsibility – please initial next to each statement:

I understand that I must notify the Upward Bound office for any of the following reasons:

____ Change of address or phone number
____ Change of interest in the program
____ Transfer of school
____ Student’s acceptance into any other college educational preparation program
____ Student’s suspension or expulsion from school

Please discuss your child’s readiness to attend a summer residential program:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Please include any other comments or questions you may have regarding the program:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

_________

Parent/Guardian Signature
INFORMATION SHEET AND PERMISSION FORM
(To be completed by applicant and parent)

The Rollins College Upward Bound Program is a federal assistance program designed to promote post-secondary educational opportunities for individuals from selected schools in Orange County. Thus, the work scope of the Upward Bound Program is educational in nature.

As an educational program, Upward Bound is required to determine the eligibility of all participants and maintain students' records. Under rules established by the Family Educational Rights and Privacy Act, you are hereby notified that the program's student records, and the information they contain are kept confidential, and that you (and your parents, if you are younger than age 18) have the right to inspect the contents of your record. However, directory information concerning your participation in the program will be released to the public as a matter of course. This information is limited to name, grade level, schools attended, home address, date of birth, parent's name and address, phone number, and participation dates. Unless notified in writing to withhold any or all of such directory information, the Rollins College Upward Bound Program will release it.

I hereby give the Rollins College Upward Bound Program permission to publish in print, electronic, or video format, the likeness or image of my child. I release all claims against the College with respect to copyright ownership and publication, including any claim for compensation related to use of the materials. (If you do not wish to provide permission, please notify the program staff in writing. Note: Program photos, images, etc, are NOT sold nor used to generate income.)

Concerning the availability of services through the Upward Bound Program, should the applicant/participant feel that his/her application was inappropriately reviewed, or equal treatment in services was not provided, he/she is encouraged to file a complaint with the Rollins College Upward Bound Program director, who will review the complaint and render a resolution. If you do not agree with the resolution, you may contact the Assistant VP of the Center for Leadership and Community Engagement at Rollins College for an appeal. Also, in matters concerning failure to comply with requirements of law, you have the right to file your complaint with the U.S. Department of Education.

In addition, individuals served by the Upward Bound Program must comply with laws pertaining to the receipt of Federal Assistance. As an example, a participant who is convicted of a drug-related activity must notify the program after such conviction. Male participants who reach the age of 18 while participating in the program must register with the Selective Service.

ACKNOWLEDGEMENT:

By signing this page of the application, the applicant agrees to, and his/her parent or guardian permits, the receipt of program services.

You also indicate understanding of the information provided and that the details on this application are true and correct.

_________________________________________  __________________________________________
Applicant's Signature                          Parent or Legal Guardian's Signature

__________________________________________
Date

The Rollins College Upward Bound Program provides assistance to eligible individuals without regard to race, color, national origin, gender or disability.
Student Academic Needs Survey

Name of Your High School: __________________________________________________

Name of Your School Counselor: ____________________________________________

Counselor’s Phone Number: ___________________ Email: _______________________

1. Please check all that you have participated in:
   _____ AVID  _____ CROP  _____ Educational Talent Search
   _____ YMCA Teen Achievers  _____ Elevate Orlando

2. Have you decided on a career? If so, what is your career choice?__________________

3. Do you know what courses you should take for the career you want to pursue? Yes No

4. Are you taking any virtual classes with FLVS? Yes No

5. Do you need assistance in improving your math skills? Yes No

6. Do you need assistance in improving your writing skills? Yes No

7. Do you need help with “study skills”? Yes No

8. Have you begun preparation for the ACT/SAT/PSAT tests? Yes No

9. Choose three topics of interest:
   _____ Personal development: Dealing effectively with peer pressure
   _____ Personal development: Effective study habits
   _____ Personal development: Increasing self esteem
   _____ Personal development: Setting goals
   _____ Personal development: Transition from high school to college
   _____ Personal development: Critical thinking skills
   _____ Determining your career
   _____ How to find scholarships
   _____ Making the grade
   _____ Proper etiquette
   _____ Other: ____________________________________________________________

10. Name your top college choice in the state of Florida: ______________________________

11. Have you selected a major? If so, what? _______________________________________

12. Have you contacted the college of your choice for information? Yes No

13. Do you know the procedures to enroll in the college of your choice? Yes No

14. Please list your academic strengths and challenges:

   Strengths:  Challenges:
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
Why do you want to join TRIO Upward Bound?  (Please select ALL that apply)

____ Academic Advisement  ______ Help achieving/maintaining a 2.5 GPA
____ Community Service Activities ______ Accuplacer/ACT Prep
____ Social, cultural and educational events ______ Tutoring
____ Skill building Workshops in areas of study ______ Financial aid advisement
   and test-taking skills, time management ______ College campus tours
   and career exploration ______ Academic support and motivation (weekly
____ College preparation (college applications, ______ monthly, semester and yearly)
   scholarships, financial aid, resume/cover ______ Personal career counseling
   letter, personal essay, etc.) ______ Academic and career goal setting

Were you referred to TRIO Upward Bound?  ____ Yes  ____ No

If Yes, by whom?  ____ UB student or staff
____ Community organization
____ School counselor, teacher or other school figure
____ Other _____________________

In your own words, tell us why you want to participate in the TRIO Upward Bound Program and how
the program will help you become successful.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Student Personal Data Form

1. **Can you swim?**  Yes  No
   
   *Be honest! We need to know for safety reasons. This will not affect your chances of being accepted into the UB Program.*

2. Within 3 months after graduating from high school, I plan to:
   
   _____ Attend 2 year college  _____ Join the military
   _____ Attend 4 year college  _____ Find a job and work
   _____ Undecided  Other (please describe): ________________________________

3. List your school and community activities (clubs, student government, athletics, organizations, etc.)
   
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

4. Identify awards and honors you have received.
   
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

5. Using the scale below, how would you rate your **academic ability** and **motivation**?
   
   **Academic Ability (please circle):**  Poor   Below Average   Average   Above Average
   
   **Motivation (please circle):**  Poor   Below Average   Average   Above Average

6. Describe any special interests or hobbies you have. What do you do after school and on weekends?
   
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

7. Have you ever been convicted of a misdemeanor, felony or other crime?  Yes  No
   
   If yes, please attach a separate sheet to explain the nature of the incident(s).

8. Are you currently attending personal counseling sessions?  Yes  No

9. Have you met your community service requirement?  Yes  No
   
   *Students with disabilities can request accommodations by contacting the UB office at 407.646.2282.*
Rollins College Upward Bound Program – STUDENT CONTRACT

In order to participate in the Upward Bound Program, I agree to the following statements (Please initial all points):

____ I understand that Upward Bound is a college preparatory program and that by participating, I am agreeing to apply for, attend and graduate from college (2 or 4 year), or other post-secondary education.

____ I understand that Upward Bound is an academic program that assists me in my academic pursuits while in high school and will track my success during my college career.

____ I understand that while in high school, I will work with the UB advisor to develop, implement and update my individual Career & Academic Plan to meet my post-secondary education goals.

____ I understand that when first accepted into the Upward Bound Program, I will immediately complete a learning assessment and be placed on a 90-day probation period to ensure that I am actively participating and engaged.

____ I understand I am required to maintain a cumulative GPA of 2.5 or higher or I will be placed on Performance Alert with the Upward Bound Program.

____ I understand that I am to participate in four service learning activities hosted by the Upward Bound Program each year.

____ I understand I am to participate in scheduled workshops, field trips and cultural activities as advised.**(Prior approval of absence from any activity must be granted by the Upward Bound staff in order to make up activities)**

____ I agree to keep the Upward Bound staff informed of any extra-curricular activities that I am involved in and will work with the UB staff to ensure that I remain in good academic standing and maintain all requirements of the program.

____ I understand that I am required to attend an academic advising session once a month during the academic year, and a student/parent conference once a semester.

____ I understand that I am required to attend the six week Upward Bound Summer Component.

____ I agree to behave in a mature and responsible manner with my parents, teachers, tutors, administrators, UB staff and my peers by following all community, school and Upward Bound rules, as well as show respect for myself.

____ I understand that if I do not perform according to the program's requirements, or if I break the contract, I may not receive my stipend, and I may be dismissed from the program.

I, __________________________________________ (print name) understand that I am agreeing to participate fully in all academic and social components of the Rollins College Upward Bound Program.

I further agree to comply with all rules and regulations established by the Director and staff of the Upward Bound Program.

____________________________________________
Student Signature
PARENTAL PERMISSION AND SUPPORT CONTRACT

Student Name: ___________________________ Parent/Guardian Name: ____________________________________

(PLEASE PRINT)

Parental/Guardian Permission:

_________________________ has my permission to be a participant in the Rollins College Upward Bound Program. It is understood that I agree to his/her participation in all activities, whether academic, civil or recreational, both on and off the Rollins campus.

In case of an emergency during and official Upward Bound activity, I authorize my son/daughter to be treated by qualified medical personnel.

____________________________________ __________________________
Parent/Guardian Signature Date

Parent/Guardian Support Agreement:

In order for my student to participate in the Rollins Upward Bound Program, I agree to the following statements (Please initial all points):

____ I understand that Upward Bound is a college preparatory program and that by applying to Upward Bound my student is agreeing to participate throughout their high school years, both during the academic year and six weeks in the summer.

____ I understand that after high school graduation, my student will enroll in some form of post-secondary education.

____ I understand that the Upward Bound Program is an academic program that assists and tracks students’ progress in academic pursuits while in high school and throughout college.

____ I understand that I am required to attend both Summer and Fall UB Orientations with my student.

____ I understand that I am required to attend a parent/student academic conference once a semester.

____ I commit to supporting my student by encouraging them to fulfill all requirements of the Upward Bound Program. This includes maintaining a 2.5 GPA per semester, attending scheduled Saturday sessions during the school year, extra tutoring when necessary, service learning projects, and other cultural activities.

____ I commit to attending monthly Upward Bound Parent Support Committee meetings.

____ I understand that I am responsible for informing UB staff of any changes regarding mailing address, email, and cell/home phone numbers.

____ I commit to supporting my student’s dream of post-secondary education.

____________________________________ __________________________
Parent/Guardian Signature Date
PARENTAL TRANSPORTATION CONSENT

If accepted into the Rollins Upward Bound Program, I give my son/daughter ____________________________ (print name of student) permission to attend and participate in program activities, which may include field trips, tutorial sessions and physical activities.

I also understand and acknowledge that transportation for field trips, academic enrichment sessions, conferences and other activities will be by bus, van, train, airplane, or private car. In consideration of these activities provided to my child, I hereby release the Upward Bound Program, Rollins College, Winter Park FL and its employees from any claims for injury or damages arising out of my son’s/daughter’s participation, particularly for injuries or damages resulting from my son/daughter not following and adhering to the rules and policies of the program.

I give the Upward Bound Program permission to provide the necessary transportation to my child in order for him/her to participate fully in any related Upward Bound activities during the Academic or Summer Component.

Parent/Guardian Name (printed): _______________________________________________

Parent/Guardian Signature: ________________________________________________

Date: __________________________
To be completed by Parent or Legal Guardian:

Student Name: __________________________________ (Please print)

Please note: In permitting your son’s/daughter’s participation in the Rollins College Upward Bound Program summer residential component, your continued responsibility of his/her medical needs is expected; particularly concerning injuries and sickness. Consequently, this form is for you to acknowledge the following "liability release" statement and for you to provide medical information about your son/daughter to ensure further his/her safety during the summer.

**Medical Information:**

Is your son/daughter taking any medication? □ Yes or □ No
If "Yes" please complete the following statements:

Type of Medication: ____________________________________________________________

Purpose of Medication: _________________________________________________________

How frequently is the medication taken? _________________________________________

Name of doctor who prescribed the medication: ________________________________

Is your son/daughter allergic to any medication or food? □ Yes or □ No
If "Yes" please explain: _______________________________________________________

________________________________________________________________________________________________________________

Does your son/daughter have any health problems that will impede or limit his/her participation in the program? □ Yes or □ No
If "Yes" please explain: _______________________________________________________

________________________________________________________________________________________________________________

For emergency situations, please provide the names and phone numbers of two individuals whom we should immediately notify if we are unable to reach you:

(1) Name: __________________________________ Relation: ________________________

Phone Numbers: ____________________ (Home) ____________________ (Work)

(2) Name: __________________________________ Relation: ________________________

Phone Numbers: ____________________ (Home) ____________________ (Work)

**Liability Release:**

In the case of my son/daughter incurring an injury, sickness, or death while participating in the Rollins College Upward Bound Program, resulting in part or in whole or in any way directly or indirectly related to a non-negligent act, I will hold Rollins College, its Upward Bound Program and staff harmless from any claims and liabilities of any type whatsoever.

_________________________________________ ________________________________

Printed Name of Parent/Legal Guardian       Signature       Date
Insurance Information & Emergency Care Authorization

To be completed by Parent or Legal Guardian:

Student Name: _______________________________ (Please print)

In emergency situations requiring medical attention, Rollins College Upward Bound will make every possible effort to contact parents. However, if the circumstances require immediate medical attention, either because of sickness or injury and a parent cannot be reached, medical services from a local physician or a hospital will be solicited. In such instances, parents are responsible for the medical costs. Neither the College nor the Program can assume the cost of medical services. Please complete the following questions regarding your medical insurance coverage:

Do you have insurance coverage for your child? □ Yes or □ No
If yes, does the insurance cover:
(a) Emergency room care? □ Yes □ No (c) Surgical care? □ Yes □ No
(b) Hospital medical care? □ Yes □ No (d) Accident care? □ Yes □ No

Please provide the name and address of your Insurance Company and the requested information about your insurance policy.

Insurance Company: ________________________________ Policy #: __________________________
Address: ______________________________________________________________________

Effective Date of Policy: ____/____/____ Expiration Date: ____/____/____

If you do not have a medical insurance policy, how would the medical expenses of your son/daughter be paid in case of an emergency or sickness?

Please explain:
_____________________________________________________________________________
_____________________________________________________________________________

Authorization for Emergency Medical Care:

I hereby authorize an appointed Rollins College staff member to seek, obtain, and permit emergency medical treatment for my son/daughter in case of sickness or injury while participating in the Rollins College Upward Bound Program. Additionally, I (the undersigned) assume responsibility for the cost of medical services.

Printed Name of Parent/Legal Guardian ______________________ Signature ______________________ Date ____________
RECORDS RELEASE FORM
To Be Completed By Student and Parent

As indicated below:

✓ I hereby give my permission for the release of any records from my child’s file to the Rollins College Upward Bound Program. [Parent or Legal Guardian]

✓ I hereby give my permission for my child to participate in meetings with an Upward Bound counselor during school hours.

✓ I hereby give permission for you to release any of my school records to the Rollins College Upward Bound Program. [Program Participant]

I authorize the release of school records from my son's/daughter's file that may be requested by the Rollins College Upward Bound Program. I understand that the U.S. Department of Education funds the Rollins College Upward Bound Program and will use these records to provide academic advisement for my son/daughter. I also understand that these records will be handled in a confidential manner and that they will be made available only to program staff and representatives from Federal and State Departments of Education.

This authorization is limited to the following records:

- Official School Transcript
- Orange County: Student Academic Involvement Report with tests scores
- Test Results (PSAT, SAT, ACT, HSCT, FSA, EOC if available).
- Basic Skills Test Results
- Attendance Record for 8th-12th grades
- Student grades/progress reports
- Information concerning disciplinary actions
- Individual Education Plan (IEP)

Student’s Name: ______________________________________________

Student’s School I.D. Number: __________________________________

Parent or Guardian’s Name: ____________________________________

Note: A photocopy of this record release form should be accepted as an original and the date indicated below has no bearing on when the information is requested by the Rollins College Upward Bound Program.

Signature of Parent or Guardian (Required if student is under 18) ____________________________ Date ____________________________

Signature of Student (Required if student is over 18) ____________________________ Date ____________________________
COUNSELOR RECOMMENDATION FORM

Student: ____________________________  Student ID Number: ____________________  Date of Birth: ________

The aforementioned student is applying to the Rollins College Upward Bound Program. The information requested will help us in determining the student’s eligibility to participate. Please complete this form and return it to our office at your earliest convenience. Your cooperation is appreciated.

Rollins College Upward Bound Program
1000 Holt Avenue, #2758
Winter Park, Florida  32789
Phone: 407-646-2282   Fax: 407-646-2318

***Please include a copy of the student’s unofficial transcript with the form***

Cumulative GPA: _____  Credits earned to date: _____  Credits required for graduation: _____

Passed FSA Reading:      Yes        No  Passed FSA Math:      Yes        No

Attendance Record:      Excellent   Fair   Poor

Student’s motivation for enrolling in post-secondary education: __________________________________________________________

Type of post-secondary education:  4 yr college   2 yr college   Armed Forces   Vo-Tech school

Student’s career interests: _____________________________________________________________

Please give your perception of this student’s academic potential. Include academic, social, and family factors:

________________________________________________________________________________

Recommend courses or subjects in which the student needs credit or subjects in which the student would benefit from enhancement.

Writing   Reading   Math   Science   Foreign Language   Learning Skills   Career Information
Educational Planning   Self-concept   Other: ______________________________

Has this student ever been subject to school disciplinary action or suspension?  Yes  No
If yes, explain: _________________________________________________________________

Is this student receiving instruction under an IEP?  Yes  No  If yes, please provide documentation.

In your opinion, what is this student’s most significant academic need? ______________________________

________________________________________________________________________________

Counselor Name: ____________________________  School: ____________________________  Date: ________

Counselor Signature: ____________________________