
Student Information Section (to be completed by student)

Student Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Counselor

Problem Solving Ability						
Teamwork and Collaboration						

Please expand on your student's strengths and weakness.

Additional comments (information will be used to help us differentiate this student from others):

Counselor or Principal Name (Please Print) _____

Counselor or Principal Signature _____ Date _____

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