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Student Information Section (to be completed by student)

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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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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