



Great Oaks Project SEARCH Applicant Name _____

Affiliated Counselor Use Only: This page is to be filled out by your affiliated school counselor.

Affiliated counselor please return to Angela Gehr at **Gehr.Angela@greatoaks.com**.

Total Credits to Date _____		Cumulative GPA _____	
Does the student have the necessary credits for graduation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Met EOC/ State Required Assessments for Graduation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
List Course Deficiencies:	1. _____	2. _____	
	3. _____	4. _____	
Days Absent:	Previous Year _____	Current Year _____	Days Tardy: Previous Year _____ Current Year _____
Comments about Attendance:			

Note: Student must have made arrangements to extend learning services with the affiliated school.

Counselor Comments: _____

Affiliated School Counselors Name: _____

Affiliated Counselors
Signature: _____ Date: _____

When returning, please attach transcript and most recent report card.