

FORM

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APPS PROGRAM
Advanced Placement Power Scholars
Clarksburg High School

FORM 2: COUNSELOR VERIFICATION

Student Name: _____ MCPS ID#: _____

Current School:

Rocky Hill Neelsville Roberto Clemente Parkland Other: _____

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1. Counselors please attach report cards that include quarterly GPA
 - a. 7th grade report card
 - b. 8th grade report card (Must include final grades for MP1)

 2. Do you have any special concerns or considerations in the following areas about this student's participation in an accelerated academic program?

Attendance: Yes No

Behavioral Concerns: Yes No

Academic Concerns: Yes No

Special Requirements: Yes No

Please explain any "yes" answers:

I verify the information attached to this form is the official report cards or transcript.

Counselor Signature: _____ Date: _____

(Counselor: Please complete the form, add requested information and forward to Clarksburg High School by Dec. 23, 2016 via PONY, US mail or email to APPS Director Sarah_L_Costlow@mcpsmd.org)