

FORM

**2**

**APPS PROGRAM**  
*Advanced Placement Power Scholars*  
Clarksburg High School

**FORM 2: COUNSELOR VERIFICATION**

Student Name: \_\_\_\_\_ MCPS ID#: \_\_\_\_\_

Current School:

Rocky Hill     Neelsville     Hallie Wells     Roberto Clemente     Parkland  
 Other: \_\_\_\_\_

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1. Counselors please **attach report cards** that include quarterly GPA
    - a. 7<sup>th</sup> grade report card
    - b. 8<sup>th</sup> grade report card (Must include final grades for MP1)
  
  2. We will be requesting from your school the most recent MAP-R / PARCC scores for your 8<sup>th</sup> grade students.
  
  3. Do you have any special concerns or considerations in the following areas about this student's participation in an accelerated academic program?  

Attendance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Behavioral Concerns:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Academic Concerns:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Special Requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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. 22, 2017 via PONY, US mail or email to APPS Coordinator Sarah\_L\_Costlow@mcpsmd.org)*