

WA State GEAR UP Counseling & Advising - Student & Family Support



(All 1:1 support must be submitted via Box on Friday of each week)

Date	Student Name (Printed)	Total Time w/ Student	# of Family Members or N/A	Primary Purpose of Support Provided (C/A = Counseling/Advising)
				<input type="checkbox"/> C/A-Academic <input type="checkbox"/> C/A-Career <input type="checkbox"/> C/A-College <input type="checkbox"/> C/A-SEL <input type="checkbox"/> C/A-Other <input type="checkbox"/> Fin Aid C/A (Student) <input type="checkbox"/> Family-Financial Aid <input type="checkbox"/> Family-C/A General
				<input type="checkbox"/> C/A-Academic <input type="checkbox"/> C/A-Career <input type="checkbox"/> C/A-College <input type="checkbox"/> C/A-SEL <input type="checkbox"/> C/A-Other <input type="checkbox"/> Fin Aid C/A (Student) <input type="checkbox"/> Family-Financial Aid <input type="checkbox"/> Family-C/A General
				<input type="checkbox"/> C/A-Academic <input type="checkbox"/> C/A-Career <input type="checkbox"/> C/A-College <input type="checkbox"/> C/A-SEL <input type="checkbox"/> C/A-Other <input type="checkbox"/> Fin Aid C/A (Student) <input type="checkbox"/> Family-Financial Aid <input type="checkbox"/> Family-C/A General
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I certify that the above students and family members participated in this activity.

GU Advisor Signature _____

Date _____