

WA State GEAR UP Counseling & Advising - Student

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



Date	Student Name (Printed)	Total Time w/ Student	Primary Purpose of Support Provided (Name of Activity in Work Plan)	Activity Type of Primary Support (As Designated in the Work Plan)
				<input type="checkbox"/> Academic <input type="checkbox"/> Career <input type="checkbox"/> College <input type="checkbox"/> SEL <input type="checkbox"/> Other <input type="checkbox"/> Fin Aid Counseling & Advising
				<input type="checkbox"/> Academic <input type="checkbox"/> Career <input type="checkbox"/> College <input type="checkbox"/> SEL <input type="checkbox"/> Other <input type="checkbox"/> Fin Aid Counseling & Advising
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				<input type="checkbox"/> Academic <input type="checkbox"/> Career <input type="checkbox"/> College <input type="checkbox"/> SEL <input type="checkbox"/> Other <input type="checkbox"/> Fin Aid Counseling & Advising

I certify that the above student participated in this activity.

GU Advisor Signature _____

Date _____