WA State GEAR UP

Summer Programs Tracking Form

Staff Name:		**School Name:**	
Service Type:	☐ Group Support ☐ One on One Support		

	Date	Student Name (Printed)	Student Signature (Required)	Grade Level	Total Time with Student
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

I certify that the above students and family members participated in this activity.

GU Advisor Signature _____ **Date** _____