

WA State GEAR UP Summer Support Tracking Form



Staff Name:		School Name:	
Summer Support Activity Type:	<input type="checkbox"/> Academic Enrichment <input type="checkbox"/> Remedial Services <input type="checkbox"/> Other _____		
Service Type:	<input type="checkbox"/> Group Support <input type="checkbox"/> 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 _____