

PASS Program Continuation Recommendation Current School Year

PASS Coordinator: Complete the following section and then forward the form to the student's teacher or school counselor to complete.

Student's Name _____ Grade _____

Teacher/Counselor _____ Date _____

PASS Volunteer's Name _____

Day(s) and time(s) the volunteer plans to meet with the student: _____

Teacher or School Counselor: The form indicates a student in your classroom or on your caseload who received PASS Program services last school year. The student's volunteer is ready to return and continue to work with the student. Please indicate your recommendation below and return the completed form to your school's PASS Coordinator.

Yes, the student will return to the PASS Program and the meeting day(s) and time(s) indicated by the volunteer are appropriate to meet with the student.

Yes, the student will return to the PASS Program. However, a different meeting day(s) and time(s) are requested.

• Days of the week: _____

• Time(s): _____

The student will not return to the PASS Program this year. Please explain
