

PASS Program Continuation Recommendation Next School Year

The student's current teacher or school counselor is requested to complete the form to recommend continuing or discontinuing **PASS Program Services** for the next school year.

Student's Name _____ Grade _____

Teacher/Counselor _____ Date _____

Do you recommend continued PASS Program Services for the student?

Yes (Answer Question #1) No (Answer Question #2)

1. If you are recommending the student to remain in the PASS Program, then identify the areas in which the student requires further assistance.

2. If you are recommending discontinuing PASS Program services, then explain the reason(s) to discontinue services.

Additional Comments?

Please complete and return to your school's PASS Coordinator