

**FORM 17-3****STUDENTS/SCHOOL PERSONNEL IDENTIFIED FOR CISD GROUPS****FORM TO BE COMPLETED BY:** School Counselor (make copies as needed)

School Counselor Name: \_\_\_\_\_ Date: \_\_\_\_\_

	Participant	Affiliation (i.e., Class period, Club, etc.)	Comment (CISD Group assigned, accommodations, etc.)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

School: \_\_\_\_\_

 **Student Group** **School Personnel**