

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.)
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School: _____ ☐ Student Group ☐ School Personnel