

SPRING SEMESTER

(Due July 15, 2011)

DISTRICT: _____ ()
(Code #)

School: _____ () Completed By: _____
(Code #) (Name and Title)

INSTRUCTIONS

Please complete all information requested by the deadline indicated above and submit a hardcopy, as well as an electronic version to: Marie Aligata, State Department of Education, 25 Industrial Park Road, Middletown, CT 06457. Please do not fax this information. Email address: marie.aligata@ct.gov **NOTE: Indicate on this form (by circling the corresponding number) which student(s) were also entered on the Fall Semester Roster as receiving services.**

ID#	STUDENTS NAME ¹	SPRING SEMESTER			
		Date Consent Received	Date First Session Started	Date Last Session Ended	Total Sessions ²
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

¹ Place an asterisk by the name of the student(s) who have previously received PMHP services during a prior school year.

² Count sessions during the 2010-11 school year only.

Primary Project Student Roster Form
 2010-11 SCHOOL YEAR
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ID#	STUDENTS NAME ¹	SPRING SEMESTER			
		Date Consent Received	Date First Session Started	Date Last Session Ended	Total Sessions ²
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					