

**PRIMARY PROJECT STUDENT ROSTER FORM
2012-13 School Year**

FALL SEMESTER (A)
(Due November 16, 2013)

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

| ID# | STUDENTS NAME ¹ | FALL 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 in a prior school year.

² Count sessions during the 2012-13 school year only

PRIMARY PROJECT STUDENT ROSTER FORM

2012-13 SCHOOL YEAR

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| ID# | STUDENTS NAME ¹ | FALL SEMESTER | | | |
|-----|----------------------------|-----------------------|----------------------------|-------------------------|-----------------------------|
| | | Date Consent Received | Date First Session Started | Date Last Session Ended | Total Sessions ² |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |
| 16. | | | | | |
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| 22. | | | | | |
| 23. | | | | | |
| 24. | | | | | |
| 25. | | | | | |
| 26. | | | | | |