

**HART AVID Parent/Guardian Information Sheet**

Parent Name \_\_\_\_\_ Student Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

To be completed by the parent/guardian.

What do you see as your child's strengths?

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In what areas do you see your child needing support?

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How do you see your child benefiting from the AVID program?

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How do you see yourself supporting your child in the AVID program?

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**Submit your application to your Middle School Counseling Office by Friday, February 15, 2019**