 Submission Form: MARC Jr.  Submission Form: MARC

***Please do not alter this application by deleting sections or adding your own wording.*** ***: MUST be received in our office by 5:00 pm on March 1, 2005***

School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Students \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address:

School Level: check all that apply Elementary, Middle, High, Adult

School Setting: Urban, Suburban,  Rural County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School's State Senator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School’s State Representative’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual Completing Application:

Work Phone: Fax:

E-Mail:

 **Note: Deadline for receipt of MARC/MARC Jr. documents is Sept. 15 for fall recognition. Spring recognition date FYI.**

**Please enclose an original copy for each of the following items on this checklist:**

 Submission Form (*with all appropriate signatures)*

 *Massachusetts Accountability Report Card (MARC or MARC Jr.)*

**Principal Approval:**

This MARC Jr. accurately reflects the school counseling team’s efforts in design, implementation, evaluation, and coordination of the school counseling program.

Signature of Principal:

**Superintendent publication approval:**

This document has been approved as a public document. This MARC Jr. accurately reflects the school counseling program and the efforts of the school counseling team in its design, implementation, evaluation, and coordination. This document has been proofread for typographical or grammatical errors. You have my permission to reproduce and post this MARC Jr. on the MASCA website and to use it for training and educational samples. I give my permission for all or any part of this application to be shared with state legislators and others interested in reviewing our MARC Jr..

Name of Superintendent:

Superintendent Signature: Date: