2020

CIRM SUMMER PROGRAM TO ACCELERATE REGENERATIVE MEDICINE KNOWLEDGE

APPLICATION PACKET
Dear Future Scientists:

We, the Board of Governors Regenerative Medicine Institute (BOG-RMI) Outreach Program, in conjunction with the Cedars-Sinai Medical Center Research Internship Program, are pleased to offer a paid 7.5-week long intensive research experience for high school students. Our mission within the Outreach Program is to promote stem cell research awareness and contribute to science education. Our vision is that students will learn about the use of stem cells for translational studies in Regenerative Medicine with the hopes of accelerating delivery of stem cell-based therapies to patients with unmet needs. This program is one of several funded by the California Institute for Regenerative Medicine (CIRM) Summer Program to Accelerate Knowledge (SPARK).

**Duration:** The program will be held for 7.5 weeks. Starting on **June 22th, 2020** and ending **August 2nd, 2020**. There will be a mandatory conference held at University of California, Davis in Sacramento from **August 3-4, 2020** (all expenses paid).

**Hours:** Approximately 9 am – 4:00 pm, Monday-Friday, however the exact hours will be determined by your mentor.

**Program Summary:** RMI scientists will mentor interns one-on-one as they participate in a defined research program in translational stem cell research. We will integrate into the program educational courses, tours and guest speakers. After the program, the students will present their research at a CIRM SPARK conference at University of California, Davis in Sacramento, and to an audience of medical and scientific researchers at Cedars-Sinai at the Research Intern Day.

**Participant Eligibility:** Students must be currently in their junior year in high school and 16 years of age by the start of the program. Additional requirements are to provide the RMI with:

- Cover Letter (See pg. 3)
- One-page Resume
- 500-word essay (See pg. 4, Checklist, for details)
- A copy of your official or unofficial transcripts exhibiting a minimum of a “C” average
- Signed waivers for attendance of the CIRM conference at University of California Davis in Sacramento.
- Signed CSMC waivers
- 2 Recommendation forms with attached letters or contact information for references (See pg. 14-15)

**Program Acceptance:** Upon being accepted into the CIRM SPARK Program at Cedars-Sinai, students will be notified by their email (we strongly suggest that you use an email that you check regularly). A letter of acceptance will be sent out the week of **April 16th** with additional details such as:

- Attending a 2-day mandatory orientation with the environmental & Safety Office and Academic Human Resources on **June 22-23**\textsuperscript{th}, 2020
- Detailed schedule including guest scientists, lunch meetings, tours and lecture topics at Cedars-Sinai.
- The assigned mentor and contact information as well as general research topic.

This program is free to participants who will be selected following an application submission. **Students must be in attendance for the entire duration of the program.** Selected participants will earn hourly pay based on hours interned. **Legal forms of identification verifying eligibility to work along with a work permit from the school must be submitted to Academic HR by the specified deadline.** Unfortunately, space is limited; there is only enough room for 8 students, so we ask that if you are interested, please complete the attached application by following instructions and submitting all required documents. Should you have any questions please be sure to contact Nathalie Balingit (310)248-8552. We look forward to working with you.

Sincerely,

RMI High School Outreach Program

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**Director:** Veronica J. Garcia, PhD  
**Administrator:** Nathalie Balingit  
**Email:** groupmihsooutreachprogram@cshs.org  
**Phone Number:** (310)248-8552  
**Website:** http://www.cedars-sinai.edu/RMI  
**Facebook:** http://www.facebook.com/CSMC.RMI  
**Instagram:** @RMI_CIRMSPARK
PROGRAM OVERVIEW 2020

Program Dates:
Mandatory Orientation: June 22-23, 2020
Program: June 22-August 2, 2020
Conference: August 3-4, 2020

Deadline to apply: Electronic submissions due on April 10th, 2020 by 3pm PST. Please send application to grouprmihsoutreachprogram@cshs.org. We cannot be responsible for applications sent to the wrong email address. If you do not receive a confirmation email, please re-send.

At the end of the internship, students will have:

- Achieved a basic understanding of stem cell research.
- Presented work in front of your peers, mentors, and/or family members.
- Produced a scientific poster and created a weekly blog highlighting their summer research group project and experience.
- Participated in seminars, career panels, networking events & other enrichment activities.
- The opportunity of listing this program on college applications as job experience and/or an extracurricular activity.

Eligibility:

- Applicants must be a California Resident & U.S. Citizen/Permanent Resident and must currently be enrolled/attending a California high school or a California-state accredited high school credit program.
- Applicants must be currently in their junior year in high school (rising senior summer 2020)
- Applicants must have successfully completed at least one year each of high school level chemistry and biology
- Applicants must be able to commit to the entire duration of the program (7.5 weeks, ~27.7 hours total/week)
- Applicants must be able to provide their own transportation to and from the program.

Completed Application must be sent by 3pm PST April 10th, 2020. Please make sure to save copy of your completed application packet for your records and submit all requested documents to grouprmihsoutreachprogram@cshs.org

**NOTE: LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

CONFIRMATION OF RECEIPT: An email will be sent stating that your application was received. Please email/call us if you do not get a response within 48 hours of submitting your application.

Application Selection:
Students selected to participate will be contacted the week of April 18th.
APPLICATION GUIDELINES

Cover Letter
✓ Your opportunity to introduce yourself and describe any extracurricular interests and hobbies, including any honors or awards.
✓ Should be no longer than one page, minimum 11-point font.

Resume/ C.V.
✓ Should be no longer than one page, minimum 11-point font.

Application:
✓ All requested documentation must be submitted as a single packet (PDF or Word) no later than the deadline date (April 10th, 2020). Letters of recommendation may be emailed independently with the student’s name in the subject, but also by the deadline date.
✓ Extra documentation (i.e. copies of certificates, awards, additional letters of recommendation, pictures, etc.) are NOT necessary; only the requested items will be reviewed.
✓ Print legibly where needed and/or type where you can and proofread all information submitted
✓ Please review the provided checklist (page 4) to make sure your application is complete before submitting.

Email Address:
✓ The Regenerative Medicine Institute HS Outreach Programs main communication is via email (primarily grouprmihsoutreachprogram@cshs.org).
✓ It is important that interns include their own personal email address on their application. If necessary, please create a new email address that is professional and will only be used to communicate with RMI and/or other employers.
✓ Do not use your parent’s email address. It is strongly suggested that you create your own.
✓ Verify that your email is legible on your application. Make sure there is no confusion as to whether it is a number 1 or a lower case “l”, etc. Consider writing your email as all caps for clarity.

If you have any questions regarding your application or RMI, please email grouprmihsoutreachprogram@cshs.org
RMI HIGH SCHOOL CIRM SPARK PROGRAM
APPLICATION CHECKLIST

**Important** - Please assemble your application in the following order:

- [ ] Cover letter (See Details, Pg. 3)
- [ ] Resume
- [ ] Checklist
- [ ] Application: Please make sure all information is included and documents are complete and signed.
- [ ] Discharge Policy (Pg. 10)
- [ ] Waiver for Conference Attendance (pg. 11)
- [ ] Parent Affirmation of Completeness and Accuracy of Application (Pg. 12)
- [ ] Essay/ Statement of Interest. Please attach your **typed** essay to your completed application packet. (Pg. 13)
- [ ] High school transcript(s) (Official or Unofficial)
- [ ] Two recommendation forms with attached narratives
  Recommendations should be from your science teacher, principal, other teacher, advisor/counselor, or work supervisor who can evaluate your potential for this CIRM SPARK Program research experience, taking into consideration your accomplishments, intellectual prowess, independent work habits, capacity for critical and analytical thinking, and/or ability to organize and express ideas clearly and intelligently. It is strongly recommended that one letter of recommendation come from a math or science teacher. If the teachers are sending the information directly to our email address, please write in your application 1) their names, 2) their institution, 3) their contact information (email or phone number) and 4) that they are sending them directly. The CIRM SPARK Program will not reach out to the individuals for recommendation; it is the responsibility of the student to ensure that the letter is delivered by the deadline.

*Additional pages/information will be discarded.*
RMI HIGH SCHOOL CIRM SPARK PROGRAM APPLICATION 2020

Applicant Information:

Name: 
Phone: Email:
Mailing Address: 
Date of Birth: 
Current Age: 
Gender: 
  □ Male  □ Female  □ Neutral (please provide preferred pronoun)

Are you related to a Cedars-Sinai employee or physician?  Yes □ or  No □
If yes, please specify relatives name and department:

Parent/Legal Guardian Contact Information & Consent
Name: Phone Number: email address:

Home Address (including city, state, and zip code):

Relationship to Applicant:

Emergency Contact Information (We will always contact parents/legal guardians first. Please provide names and numbers of other people whom we may contact in the event of an emergency, i.e. grandparents, aunts, uncles, close neighbors)
Primary Contact: Phone Number:
Mailing Address:

I certify that this all information on this package is correct:

_______________________________________
Signature of Applicant
RESEARCH INTERESTS

The RMI HS Outreach CIRM SPARK Program includes laboratories focused on the overarching areas of the human body. The current programs will be taking interns this summer: Brain, Eye, Lung, Pancreas and Liver and Skeletal. Please rank your interest in the following areas 1 – 5 (1 being the highest interest and 5 being the lowest):

___ Brain
Diseases of the nervous system cause misery for millions of people around the world. At the Regenerative Medicine Institute (RMI), scientists and clinicians are exploring how diseases of the brain occur and how we may be able to protect or regenerate the brain by using combinations of drugs and cells.

___ Eye
Focused on molecular genetics, gene therapy, and stem cell research, the Eye Program aims at revolutionizing our approach to treating major blinding eye diseases.

___ Lung
Lung Cancer is the 3rd leading cause of death in the U.S. The Mission of the Lung Program is to use lung stem cells to identify critical determinants of lung epithelial maintenance, renewal and remodeling that can lead to more effective therapies for lung disease.

___ Pancreas and Liver
Focused on molecular genetics, gene therapy, and stem cell research, the Eye Program aims at revolutionizing our approach to treating major blinding eye diseases. By producing liver and pancreas cells from pluripotent stem cells provided by the RMI Induced Pluripotent Stem Cell (iPSC) Core Facility, this work is pushing the boundaries of medical science and offering hope to transplant patients who suffer from diabetes, Liver disease and Hepatitis C.

___ Skeletal
Skeletal program is aimed at pioneering the use of adult, resident and induced pluripotent stem cells from the RMI Induced Pluripotent Stem Cell (iPSC) Core Facility to regenerate bone and intervertebral discs. This research holds the potential to address a tremendous clinical need in orthopedic and craniofacial medicine necessary for osteoporosis in men and women.

If you are not selected for the CIRM SPARK program, would you like to be automatically considered* for our one-week program held July 20-24, 2020? (*Must be an active member of the Cedars-Sinai teen volunteer program)

Please check below:

☐ I am an active member of the Cedars-Sinai teen volunteer program and I would like my application to be considered for Research Week if not selected for the CIRM SPARK program.
WORKING WITH LABORATORY ANIMALS

Some research projects involve the use of laboratory animals, including mice. Please indicate, by checking the box that you are:

☐ Comfortable with the use of animals being used to advance biomedical research and not averse to working at an institution that uses animals for the purpose of biomedical research.

*Note: All research institutes involved with this program comply with government regulations and guidelines for the care and use of vertebrate animals in research and training.

Working with Stem Cells:
Some research projects may involve the use of stem cells. Please indicate, by checking the box that you are:

☐ Comfortable with stem cells being used to advance biomedical research and not averse to working at an institution that uses stem cells for the purpose of biomedical research.

*Note: All research institutes involved with this program comply with government regulations and guidelines for stem cell research.

Student Certification / Consent:

☐ This certifies that the information I have entered on this form is complete and accurate.

☐ This certifies that my parent/guardian has consent to my participation in this CIRM SPARK

☐ I acknowledge that I will treat as confidential all information that I may read or hear, directly or indirectly. If accepted for the RMI HS Outreach CIRM SPARK Program, I agree to conform to the rules and regulations of the Institute. I understand that I will be required to attend an orientation session and participate in activities specific to the CIRM SPARK Program. I acknowledge that either the Institute may discontinue my status at any time for any of the following reasons highlighted in the discharge policy (Pg. 8-10)

☐ If accepted for the RMI HS Outreach CIRM SPARK Program, I will attend the program in its entirety (including the conference at University of California, Davis in Sacramento, from June 22 – August 4, (Mondays-Fridays).

☐ Please consider my application for the Cedars-Sinai Minors in Research Program if not selected for the CIRM SPARK program.

I certify that this application packet is complete and that I have read and understood it in its entirety:

____________________________________________  Date: _____________________
Signature of Applicant

________________________________________________________________________
Printed Name
DISCHARGE POLICY SUMMARY

1. **Dress Code**
Specifically prohibited are casual, recreational and provocative clothing. Examples of such clothing include, but are not limited to the following:
- T-shirts (logos, offensive language, etc.)
- Sweatshirts or suits
- Warm-up suits/sagging pants
- Shorts
- Leggings/yoga pants
- Tube and tank tops
- Bare midriffs
- Bare-shoulder garments
- See-through garments
- Fishnet stockings
- Stereo headphones
- Clothing that is either excessively loose or excessively tight

The wearing of denim clothing (or “jeans”) is generally not acceptable at CSMC, but is permitted in the research environment, if there are no holes/rips/tears and are in neat order.

2. **Confidentiality**

Any information about a patient, visitor or another employee is strictly confidential and must be treated with the utmost discretion. No personal or healthcare information may be discussed with any person, except as necessary in the care of the patients, or in the course of business necessity. Refer to Policy entitled: “Confidentiality of Patient, Health Business and Employee Information.”

Dissemination of any written information or document from a patient chart or any discussion of any information gained from such a document is expressly prohibited. Inquiries regarding patients and employees, or from employees, should be referred to the appropriate department Director. All inquiries from the press must be referred to Public Relations. Requests for employment information should be referred to Personnel Records. Similarly, proprietary business information of Cedars-Sinai may not be discussed or released without prior authorization and/or approval.

Effective January 1, 2009, there is a new law in California – Senate Bill 541 (SB541) – that will require Cedars-Sinai to report to the California Department of Public Health (CDPH) any unauthorized access, disclosure or use of patient medical information. SB541 also authorizes CDPH to impose fines on hospitals for such breaches of patient privacy: fines begin at $25,000 and may run as high as $250,000.

Also effective January 1, 2009 is a companion law to SB541 – Assembly Bill 211 (AB211). AB211 authorized the newly formed Office of Health Information Integrity (OHII) to investigate the individuals reportedly involved in unauthorized accesses, disclosures or uses of patient medical information. AB211 also authorizes OHII to fine those individuals from $25,000 for breaches of single records with more substantial fines of up to $250,000 for incidents involving the disclosure for money of patient medical information.
3. **English Proficiency and Usage**
   English is the language spoken by most of our patients, visitors, employees, vendors, and physicians. The use of a common language minimizes the possibility of confusion and helps safeguard patients. Therefore, to support safety, promote courtesy, strengthen effective communications and teamwork and enhance the comfort of our patients and visitors and to Cedars-Sinai, program participants must be able to read, write, speak and understand English sufficiently to receive and follow instructions and to communicate as necessary with staff, patients and visitors as appropriate.

4. **No Electronic Devices**
   Purpose: To ensure that patient safety and the right of privacy for patients and staff are maintained.

   Photographing or filming of patients or Medical Center employees (including filming through digital cell phone cameras) and voice recording of patients and Medical Center employees (“Filming/Recording”) is permitted only under specified circumstances or with the patient's or staff’s prior written consent. This policy does NOT cover Filming/Recording done at non-Medical Center sponsored events unless the Filming/Recording is done by Medical Center employees for use by the Medical Center. This policy does not cover patients' requests for Filming/Recording or Filming/Recording of patients by family members. However, in no event shall such filming/recording be permitted if it will interfere with the Medical Center’s operations, services to its patients, or patient privacy and security.

5. **Involuntary Separation**
   Program participants are expected to behave ethically and to conduct themselves in a manner consistent with Cedars-Sinai’s mission and reputation in the community. Interactions with other participants, Cedars-Sinai’s patients, visitors, staff or any other individual must be conducted with demonstrated respect, integrity and dignity.

   Failure to comply to this Discharge policy may result in termination from the program at any time, with or without notice.
DISCHARGE POLICY

To ensure you a safe, fun and enjoyable experience, our founding principles of safety, well-being, and happiness will be applied to the determination of dismissal, as maintaining a safe environment is our priority. By reviewing and signing the Discharge Policy, you acknowledge your understanding of this policy.

It is the RMI High School CIRM SPARK Program policy to send home an intern in the following circumstances:

- Upon direct orders of a supervisor.
- When administration determines that the student needs services and supervision beyond those provided by our CIRM SPARK Program and our staff.
- Requested voluntary discharge by the intern, family or legal guardian
- Upon the violation of the following:

1. **Respect**
   Students must be respectful of one another and honor each other’s’ points of view. At no time will students be allowed to threaten, intimidate, disparage, harass or discriminate against any other students participating in this event, patients, staff members or any other individuals with whom they may come in contact.

2. **Dress Code**
   Dress appropriately for the workplace. This does not mean a suit but students should not wear shorts, tank tops, sandals, t-shirts or torn/frayed clothing. Students will be going on walking tours throughout the Medical Center and should wear comfortable shoes. **No open toe shoes allowed.** Slip Resistant/ Flat shoes preferred.

   Please discuss with program coordinators regarding appropriate dress attire.

3. **Confidentiality**
   Students should be made aware of the importance of confidentiality. This means that if they inadvertently see a document or a celebrity (visitor or patient) during the course of their tours, they are not to talk about it with family, friends or others. They are not to go up and ask for autographs, take pictures or otherwise initiate conversation or contact. It is the policy of Cedars-Sinai to respect and maintain the confidentiality of all patients of the health system.

4. **English Proficiency and Usage**
   We ask that participants respect the Medical Center’s English Proficiency and Usage policy.

5. **No Electronic Devices**
   This includes but is not limited to Cell Phones, Blackberries, iPhone, iPads, tablets, digital cameras, etc. They will not be allowed on the units/floors of the medical center or while you’re in the Research Labs, unless given permission by your supervisor.

   Should a student be discharged, they give up their position in the day CIRM SPARK Program, will not be able to participate in all activities and therefore is unable to fully complete the program.

Parent / Guardian Printed Name ___________________________ 
Applicant Printed Name ___________________________

Parent / Guardian Signature ___________________________
Date ___________________________

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Applicant Printed Name ___________________________

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Parent / Guardian Printed Name ___________________________ 
Applicant Printed Name ___________________________

Parent / Guardian Signature ___________________________
Date ___________________________
EDUCATIONAL FIELD TRIP PERMISSION SLIP

Dear Parent or Guardian:

An educational field trip has been scheduled for your child as a commitment for the CIRM SPARK Program. CSMC policy requires each student to have advance written permission to go on a field trip. *Students who do not have prior written permission will not be able to participate in the program.*

Please complete this form and submit with the application.

Thank you.

Program: **CIRM SPARK Program**
Date: **August 3-4, 2020**
Destination: **University of California, Davis in Sacramento**

Travel information will be provided later. Transportation, lodging fees, and meals will be provided on the trip.

I have read the information above and give my permission for

__________________________

(student’s name)

from Cedars-Sinai Medical Center to attend the CIRM Spark Conference. I understand that my child will be traveling between CSMC and University of California Davis in Sacramento via plane, and that an overnight stay will be required.

Signed: ____________________

Parent/guardian

Parent phone number: ____________________

Parent email address: ____________________
PARENT AFFIRMATION OF COMPLETENESS AND ACCURACY OF APPLICATION

I hereby affirm that the information provided within the completed application is complete and accurate to the best of my/our knowledge. I give consent for my applicant to attend the RMI CIRM SPARK Program for 7.5 weeks and to participate in all program’s activities & commitments. I have read and understand all policies of this application.

___________________________
Parent/ Guardian Printed Name

___________________________
Applicant Printed Name

___________________________
Parent / Guardian Signature

___________________________
Date
ESSAY PROMPT

In 500 words or less, please tell the selection committee why you are interested in attending the 2020 CIRM SPARK sponsored summer research program at CSMC. Include what you hope to gain from this experience, your future career ambitions, how you think this program will help you in the future, and why you should be selected to attend this program.
RECOMMENDATION FORM

Please complete this recommendation form and return it to the applicant or to grouprmihsoutreachprogram@cshs.org by 3pm on April 10th (if by email, please include applicant’s name and “CIRM SPARK Program” in the subject line)

Applicant’s Name (please print): ____________________________________________________________
Name of Evaluator: ________________________________________________________________
Evaluator’s Title: _____________________________
Institution: ______________________________
Address: ____________________________________________________________________________
Telephone: __________________________
Email: ___________________________________________

How long have you known the applicant? ___________________
In what capacity? __________________________________

Please place check marks in the boxes that represent your evaluation of the applicant.

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<th>Below Average</th>
<th>Average</th>
<th>Excellent</th>
<th>Outstanding</th>
<th>No basis for Judgment</th>
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<td>Energy and initiative</td>
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<td>Disciplined work habits</td>
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In an attached letter (not to exceed 1 page) please provide additional comments that will help us to assess this applicant. Areas that might be addressed include:

- The benefits you feel the applicant would receive from this program and what he or she might contribute
- Personal qualities of the applicant that might particularly recommend him or her for this program
- Any necessary explanation, if the student's academic record does not seem to accurately reflect his or her abilities.

Signature: ___________________________________________ Date: __________________
RECOMMENDATION FORM

Please complete this recommendation form and return it to the applicant or to grouprmihsoutreachprogram@cshs.org by 3pm on April 10th (if by email, please include applicant’s name and “CIRM SPARK Program” in the subject line)

Applicant’s Name (please print): _________________________________________________________
Name of Evaluator: _____________________________________________________________________
Evaluator’s Title: _____________________________________________________________________

Institution: ____________________________
Address: ____________________________________________________________________________
Telephone: __________________________ Email: ____________________________________________

How long have you known the applicant? ___________________
In what capacity? __________________________________________

Please place check marks in the boxes that represent your evaluation of the applicant.

<table>
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<tr>
<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Excellent</th>
<th>Outstanding</th>
<th>No basis for Judgment</th>
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<td>Energy and initiative</td>
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<td>Ability to work independently</td>
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<td>Ability to work in a group</td>
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<td>Fulfills goals</td>
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<td>Works to capacity</td>
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<td>Oral expression</td>
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<td>Written expression</td>
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<td>Originality</td>
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<td>Dependability</td>
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<td>Self-confidence</td>
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<td>Disciplined work habits</td>
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In an attached letter (not to exceed 1 page) please provide additional comments that will help us to assess this applicant. Areas that might be addressed include:

- The benefits you feel the applicant would receive from this program and what he or she might contribute
- Personal qualities of the applicant that might particularly recommend him or her for this program
- Any necessary explanation, if the student’s academic record does not seem to accurately reflect his or her abilities.

Signature: _____________________________________________ Date: ___________________