



CCAP STUDENT ASSESSMENT

(form to be completed by a school official)

616 America Ave N.W. Suite 220 Bemidji, MN
56601-3802 Phone: 218-333-8200 | Fax: 218-333-4150

Date: _____

Participant's Name: _____

School Attending: _____

Name of Program: _____

Length of Program: _____ Graduation Date: _____

Please attach a copy of the most current class schedule

Is the student is making satisfactory progress? Yes No

Has the student remained in good standing with the educational institution? Yes No

Comments: _____

Signature and Title of School Official

Date

Please return this form with all supporting documentation within 15 days to Beltrami County for timely processing. Delay in submitting this form within 15 days could result in ineligibility.

616 America Ave N.W. Suite 220 Bemidji, MN 56601-3802
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"This Institution is an Equal Opportunity Provider"

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