About the Counselor in Training Program: We ask that any non-Athenian students wishing to attend The Athenian School’s summer Counselor in Training (CIT) program to complete the following form. As a CIT, participants will be supervised while being in charge of small groups of children from ages 5-11. CIT’s will have the opportunity, with guidance to plan and run small activities. Participants will need to work in a group of their peers ranging from 13-16 years old in a mature and responsible manner. CIT’s will need to take direction and constructive feedback from the CIT Director and other adults and counselors in an open manner. Because the CIT role required interacting with distinct maturity with a variety of people of different ages and backgrounds, fulfilling responsibilities with campers as a positive role model, and being readily open to one’s own development, individual who have had behavioral concerns in school or extra-curricular activities should strongly consider if the CIT program is the best match for them.

If there are behavior concerns, we reserve the right to remove a participant from the CIT program.

Please complete the information below. Ask your parent/guardian to do the same, and then give this form to the adult to whom you are requesting a recommendation. Please be sure to give a stamped, addressed envelope along with this form. Your enrollment will not be complete until we have received this completed form.

Prospective CIT:
I, ______________________________ understand the above and believe that I meet the character and maturity requirement to be a CIT, including being in charge of young children while being supervised and being able to work with my peers and adults in a responsible and positive manner.

Signature:______________________ Date:______________________________

Parent/Guardian:
I, _____________________________ understand the above and believe that my child, is a good candidate for the CIT program. I have no reservations after review the qualities a CIT must possess and the types of situations in which he/she will participate. I acknowledge that I waive my right to read confidential teacher/coach/administrator recommendation.

Signature:________________________ Date:___________________________

To Teacher/Coach/Administrator: This recommendation will remain confidential and will not become a part of a CIT’s file at our program. We sincerely appreciate your cooperation and candor.

How long have you known this student?______________ In what capacity:_________________________

I, _______________________________ have read and understand the above CIT program expectations and give my recommendation that the student named above is a good candidate for the CIT program. I have no reservations after reviewing the qualities a CIT must possess and contribute to the CIT program. To my knowledge, this student has not had any major behavioral concerns in school or extra-curricular activities.

☐ There is additional information that can be better conveyed by a phone conversation. If you would like to discuss via a phone conversation, please provide a number and time to best reach you _______________________

Signature:______________________ Date:___________________________

Please scan and email in PDF format to dataman@athenian.org or mail to The Athenian School, 2100 Mt. Diablo Scenic Blvd. 94506, Attn: Debra Ataman, Summer Programs.