

NEW STUDENT COUNSELING FORM

DATE: _____

NAME OF STUDENT _____ GRADE _____

Date of Birth _____ Parent/Guardian Name _____ Phone _____

Any information or history you feel may be helpful in allowing us to be supportive of your child:

Has your child ever received the following services? Explain further is needed.

- Special help in math _____
- Special help in reading _____
- Special help in _____
- Special Education Services _____
- Current IEP _____
- Date Assessed for Special Ed _____
- Talented and gifted program _____
- Speech therapy _____
- Physical therapy _____
- Counseling services _____

Has your child had any experiences in the last few years that had an emotional effect on him/her?

- Divorce: Date _____ Family illness
- Death of family or friend Personal illness. Specify any illness the school should be aware of: _____
- Frequent moves
- Other _____

I give permission for the school counselor to share information, which in her professional judgment, she deems necessary with my child's teacher.

Parent/Guardian Signature: _____