TENAFLY MIDDLE SCHOOL COUNSELING DEPARTMENT

STUDENT PROFILE / PARENT FORM

Confidential

Student's Name:

_____

Parent/Guardian Name:

_____

Date:

_____

1) What do you see as your child's strengths?

2) What makes you proud of your child?

3) Is there anything that worries you about your child?

4) What is the most effective way to communicate with your child?

5) Has your child been seen by a health professional for any problem that interfered with your child's success in school?

6) What other information about your child or your family situation would be helpful for the school to know?

7) How can the school assist your child in having a successful Middle School experience?