

INITIAL PARENT CONSULTATION

Academic School Year: August 2021 to June 2022

Consultation Date: _____ Circle At: ACW Phone Zoom

Parent Names: _____ Cell Number: _____

Student: _____ Age: _____ Grade Level: _____ School: _____

Siblings: _____

Referred by: _____

Code/Passwords for Online Grades: _____

History of academic performance:

Any assessments you can include?

Any diagnosis? Treatments?

Specific learning issues? 504 plans?

Behavior issues?

What is the homework routine like at home?

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If parent/student comes on board, what are the changes you would like to see?

Parent expectations with regards to academic performance & grades?

Student Strengths?

Student Challenges? (i.e. knowing assignments, missing assignments, low test scores, focus in class)

Outside of school interests? (sports, music, art, etc.)

College plans? Interest of study?

How is your child's technology usage... texting/social media/gaming?

What rules, consequences, expectations, chores exist at home?

Any other relevant information:

Parents education and career backgrounds: