

COUNSELOR FORM

Dear Parent/Guardian,

Welcome to Milford Middle School. We look forward to working with you and your student as you all transition to Milford. We would appreciate if you could take a moment to answer the below questions, so that we could get to know your student better.

Kindly, Wendy Vaupel & Emily MacDonald, School Counselors

STUDENT NAME _____ GRADE _____

- Has your child ever moved before? YES NO How many times?
- How is your child reacting to this move?
- How does your child generally react to change?
- How can we best assist your child with this transition?
- How does your child feel about school and learning?
- Are there any areas of concern?
- How would you describe your child's social skills and their ability to make and sustain friendships?
- Is there any further information or concerns regarding your child's social/emotional growth?
- Please list three words that best describe your child.

Please circle the answer that best describes your child:

Organization Skills:	Excellent	Good	Fair	Poor	Very Poor
Motivation:	Excellent	Good	Fair	Poor	Inconsistent
Activity Level:	Overactive	High Energy	Average	Low Energy	
Attention & Focus:	Excellent	Average	Distractible	Inconsistent	
Group Work:	Works well with others		Average	Struggles working with others	
Independent Work:	Independent learner		Needs teacher support		