



## PRINCIPAL/COUNSELOR FORM

Student Name \_\_\_\_\_ Grade applying to \_\_\_\_\_

Dear Principal/Counselor:

The partnership between school and family is an essential part of a supportive approach in educating students. We believe that the best experiences for students are those in which families and schools can work effectively together. To that end, your insights about the existing partnership with a family can help us understand best the needs of the student. Please use the reverse side of this form to elaborate on any of the following.

Please list the first words that come to mind when thinking about this family:

Please describe the school and family partnership including any comments on parent cooperation and support of the child's school experience.

Please describe any evaluative processes, diagnostic assessment, counselling or other therapies pursued by the School (or by the family independently) to assist the child.

Please include any other information that you think could be helpful in understanding family expectations of the school.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Phone number: \_\_\_\_\_

Thank you for your help in our admissions process. Your comments will be held in the strictest confidence. If there are comments that you would prefer to share in a telephone conversation, please check here  Best time to call \_\_\_\_\_