

School Administrative Unit # 63

192 Forest Rd Lyndeborough, NH 03082
603-732-9227

Peter Weaver
Superintendent of Schools

Ned Pratt
Director of Student Support Services

Kristie LaPlante
Business Administrator

SCHOOL COUNSELING INFORMATION SHEET

Check which school student will attend

GRADES: PRE-K - KINDERGARTEN

☐ **LYNDEBOROUGH CENTRAL SCHOOL**
192 Forest Road
Lyndeborough, NH 03082
Phone: 603-732-9228
FAX: 603-654-6884

GRADES: 1 - 5

☐ **FLORENCE RIDEOUT ELEMENTARY SCHOOL**
18 Tremont St
Wilton, NH 03086
Phone: 603-732-9229
FAX: 603-654-3490

GRADES 6-12

☐ **WILTON-LYNDEBOROUGH COOPERATIVE
MIDDLE SCHOOL/HIGH SCHOOL**
57 School Rd
Wilton, NH 03086
Phone: 603-732-9230
FAX: 603-654-2104

Student Name

Parent(s) Name

Address:

Grade Entering School

Home Phone

Cell Phone

Work Phone

Understanding your child's academic, social and emotional characteristics will help us to make your child's experience at WLC a happy and successful one. We appreciate your insight and comments in the following areas.

TRANSITION

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? New situations? _____

How can we best assist your child with this transition? _____

SCHOOL ACADEMICS AND WORK HABITS

How does your child feel about school and learning? _____

Please check the answer that best describes your child

Organizational Skills:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very Poor
Motivation:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Inconsistent
Activity Level:	<input type="checkbox"/> Overactive	<input type="checkbox"/> High Energy	<input type="checkbox"/> Average	<input type="checkbox"/> Low Energy	
Attention & Focus:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Average	<input type="checkbox"/> Distractible	<input type="checkbox"/> Inconsistent	
Group Work:	<input type="checkbox"/> Works well with others		<input type="checkbox"/> Average	<input type="checkbox"/> Difficulty working with others	
Independent Work:	<input type="checkbox"/> Very independent learner		<input type="checkbox"/> Needs teacher direction and focusing		

Any areas of concern?

What are the best learning conditions for your child? _____

ACCOMODATIONS/MODIFICATIONS

Has your child ever been evaluated for IEP? ☐ YES ☐ NO

Does your child receive Special Education Assistance (IEP)? ☐ YES ☐ NO

If so, in what area(s)? _____

Has your child ever been evaluated for a 504? ☐ YES ☐ NO

Does your child have a 504 Plan? ☐ YES ☐ NO

If so, in what area(s)? _____

Additional comments:

SOCIAL/EMOTIONAL DEVELOPMENT

How would you describe your child's social skills and his/her ability to make and sustain friendships?

Is there any further information or concerns regarding your child's social/emotional growth?

HOBBIES AND INTERESTS

What are your child's special interests, talents, and hobbies?

Please list three words that describe your child.

Thank you for your time and assistance!

We look forward to working with you and your student, should you have any questions, comments or concerns do not hesitate to contact the School Counseling Department of the school your student attends.