

Holy Angels School
120 E Water St
Sidney, OH 45365
(937) 492-9282

Date: _____

Dear Parent/Guardian of _____

_____ Your child has been referred to me for counseling.

_____ Your child has requested or has been referred for intervention on an as needed basis.

There is no charge for these counseling sessions or interventions. The sessions/interventions are provided during regular school hours and are confidential. Some psychological testing may also be done, if deemed necessary. You may terminate the sessions at any time. You are encouraged to contact me about the progress of the counseling, or with any questions.

Please sign below if you give me permission to see your child for brief individual sessions/interventions.

Do not hesitate to call me at (937) 492-9293 if you have any questions. You can leave a confidential message if I am not in or not able to take your call.

Special note regarding your child (if applicable): _____

Sincerely,

Jesse W. Clark, MA, LPC
Counselor, Empowering Children with Hope and Opportunity

.....

Student Name _____ Grade _____

_____ I give permission for Jesse Clark to provide counseling/intervention to my child.

_____ I DO NOT give Jesse Clark permission to provide counseling/intervention to my child.

Parent/Guardian Signature

Date

Child Information Form

Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Address: _____

Mother's Phone #'s: Cell _____ Home _____ Work _____

Father's Phone #'s: Cell _____ Home _____ Work _____

Primary reason for seeing the counselor:

Family History

Parents

Are parents married? ___ Yes ___ No

If yes, how many years? _____ If no, who has legal custody: _____

Are parents divorced? ___ Yes ___ No If yes, how old was the child at time of divorce: _____

Client's Mother

Name: _____ Age: _____

___ Natural parent ___ Step-parent ___ Adoptive parent ___ Foster parent Other: _____

How would you describe your relationship with your child: _____

Client's Father

Name: _____ Age: _____

___ Natural parent ___ Step-parent ___ Adoptive parent ___ Foster parent Other: _____

How would you describe your relationship with your child: _____

Siblings and Others in Household

Names of Siblings	Age	Gender		Lives		Full, Step, Half, etc	Quality of Relationship w/ Student		
		M	F	Home	Away		Poor	Average	Good
_____	_____	___	___	___	___	___	___	___	___
_____	_____	___	___	___	___	___	___	___	___
_____	_____	___	___	___	___	___	___	___	___
_____	_____	___	___	___	___	___	___	___	___

Others living in household	Relationship to child			
_____	_____	___	___	___
_____	_____	___	___	___
_____	_____	___	___	___

Previous Mental Health Treatment

Type of Treatment (Outpatient, Inpatient, etc):	When?	Provider/Program:	Reason for Treatment:

Medical

List any medication(s) your child is on:

List any medical conditions the child has been diagnosed with and / or any surgeries:

School History

Previous schools attended:

School Name:	Grade(s) Attended:	Reason for Leaving:

Does your child have an IEP, ISP or 504 plan? Yes No

If yes, please explain: _____

What report card grades does the child usually receive? _____

Have these changed lately? Yes No If yes, how: _____

List your child's three greatest strengths:

1. _____

2. _____

3. _____

List your child's three greatest weaknesses or needed areas of improvement:

1.

2.

3.

List your child's main difficulties in school:

1.

2.

3.

List your child's main difficulties at home:

1.

2.

3.

Briefly describe your child's friendships:

Briefly describe your child's hobbies or interests:

Please provide any other information about your child that you would like the counselor to know:

Goals

What goals or changes would you like to see your child work towards in their counseling experience?

- 1.

- 2.

- 3.

Person filling out this form: _____ Relationship to child:

(please print)

Parent/Guardian Signature

Date

REV 9/15