



## Northville High School Counseling Enrollment Form

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Gender:      Male      Female

1. My child has participated in the following: (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Advanced academic classes/programs | <input type="checkbox"/> Reading Recovery |
| <input type="checkbox"/> Special Education                  | <input type="checkbox"/> Tutoring         |
| <input type="checkbox"/> Repeated a grade level             | <input type="checkbox"/> Other:           |

2. My child demonstrates the following study and social behaviors: (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Independent worker     | <input type="checkbox"/> Cooperative interactions with teachers/peers |
| <input type="checkbox"/> Difficulty in school   | <input type="checkbox"/> Good attendance                              |
| <input type="checkbox"/> Completes work on time |   |

3. My child's academic strengths are in: (Check all that apply)

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Math         | <input type="checkbox"/> Reading    |
| <input type="checkbox"/> Writing      | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Other:     |

4. My child's academic struggles are in: (Check all that apply)

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Math         | <input type="checkbox"/> Reading    |
| <input type="checkbox"/> Writing      | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Other:     |

5. My child's school history includes: (Check all that apply)

- Excessive absences (more than 15 days in a school year)
- Multiple transfers (attended more than 3 school districts including NPS)
- Suspended from school
- Expelled from school

Other:

6. School services my child has received include: (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> General education support classes | <input type="checkbox"/> Special Education       |
| <input type="checkbox"/> 504 Plan                          | <input type="checkbox"/> Personal Curriculum     |
| <input type="checkbox"/> English As A Second Language      | <input type="checkbox"/> Credit Recovery classes |
| <input type="checkbox"/> Other:                            |  |

7. My child's home has: (Check all that apply)

- A computer available for school work
- Internet access
- An area appropriate for homework to be completed
- An adult that is able to provide academic support

8. Please list any health issues your child has:

a.) Describe how your child's health issues impact his/her learning or school success.

9. Please share any social/emotional concern you have for your child that could impact his/her learning or school success.

10. Please describe any court orders that affect your child that the school needs to be aware of.

11. Please share any other information you would like us to know about your child.