

**Mercy High School  
AMES Program  
Parent/Legal Guardian Consultation Form**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Contact Information

Primary email address: \_\_\_\_\_

Secondary email address: \_\_\_\_\_

Phone numbers: Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Student Strengths:

---

---

---

---

---

Hobbies/Interests:

---

---

---

---

Student Challenges:

---

---

---

---

---

Current School Concerns:

---

---

---

---

---

Past History of School Concerns:

---

---

---

---

Any Past History of Tutoring/Assessment:

---

---

---

---

.....

***This section to be completed by Counseling Department***

**Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Insight:**

---

---

---

---