

**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:

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This section to be completed by Counseling Department

Counselor: _____ **Date:** _____

Additional Insight:
