

Please Print - Elementary School: _____ First Name: _____ Last Name: _____

3 Goals for your child's 6th grade year are...

1. _____
2. _____
3. _____

What kinds of things upset your child?

Are there any personal or medical issues that we should be aware of? Yes / No (circle one)

If yes, please contact the counselor and/or nurse to discuss how we can best support your child. If a new concern develops during your child's time with us, please contact us at 630-682-2053.

A few of my child's favorite things are...

1. _____
2. _____
3. _____
4. _____

Any other comments or concerns you would like to share?

Thank you! If you would like to meet with the 6th grade counselor in August or September to discuss any of these topics in more detail, please call the guidance office at 630-682-2053 to set up an appointment.

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Tell Us About Your Child!

Please complete the following information about your child and return it to your child's 5th grade teacher or the Edison guidance office in a sealed envelope **marked with your child's first and last and Edison Middle School by May 12.**

Child's Name: _____

Birthday: _____ Age: _____

Parents'/Guardians' Names:

Phone #: _____

Email: _____

Preferred method of communication (circle one):

Phone or Email

What's are your child's strengths?

What about weaknesses?

List any school-aged siblings with grade and school.

What motivates your child?

5 words that describe your child are...

1. _____

2. _____

3. _____

4. _____

5. _____