



Counseling Department 2026-2027

Student Name: _____

Grade: _____

Dear Parents/Guardians,

In our continuing mission to assist your child and their educational needs, the Counseling Department would like you to update any information by answering the questions below as applicable. This confidential information will go directly to your child's counselor and may be essential to their educational process.

There is no need to complete this form if there have not been any changes or new developments that their counselor should be made aware of.

1. a) Please list any changes in your child's *physical limitations* (visual, auditory, asthmatic, diabetic, etc.) which may need special attention during the school year.

b) What specific needs does your child have as a result of the above (including medications)?

2. a) Has there been any new development in assessments or evaluations for *learning differences* or developmental needs such as ADHD, Autism Spectrum Disorder, or other related areas? If so, *please provide a complete copy of their most current psychoeducational evaluation*, if available, and list any specific academic needs. Are there academic areas that are a significant challenge for them? Please explain below.

b) Any new or changes in medication?

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3. Has there been any significant *emotional stress* that your child has recently experienced within the last year which you think their counselor should be made aware of (separation or divorce, remarriage, death or serious illness of a loved one, problems with bullying or fitting in at school)?

4. Please indicate any significant *mental health* history or concerns your child’s counselor or our Wellness Counselors should be made aware of (i.e. hospitalizations, psychotropic medication.)

5. Is there any other information you feel we should know?

- I would not like this information released to anyone other than my child’s counselor at this time.
- I give my permission for this information to be made available to the appropriate teachers.

Parent Signature

Date

Email Address

Phone

Thank you for your cooperation. We welcome any contact from you which may help us better meet your child’s needs here at Christian Brothers.

Sincerely,

Melissa McClellan, MS, PPS
Coordinator of Counseling Services

- I have other questions or concerns and plan to reach out to my child’s counselor*

Counselor Assignments:

Senior, Class of 2027 – Kirk Purdy- kpurdy@cbhs-sacramento.org
Junior, Class of 2028 – Kara McGuire- kmcguire@cbhs-sacramento.org
Sophomore, Class of 2029 – Amy Archer- aarcher@cbhs-sacramento.org
Freshman, Class of 2030 –Michelle Timm- mtimm@cbhs-sacramento.org