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(Student Name)

Dear Parents/Guardians,

Welcome to Christian Brothers High School! With you and your family now a part of the Lasallian community, we want to assist your student in as many ways as possible. To better serve your child's needs at CBHS, we would appreciate your input on the following questionnaire. While we do not provide special education services at our college-preparatory high school, we want to gather as much information as possible in order to see if we can help fill in any possible gaps in your child's learning. Please answer the questions below as applicable. This confidential information will go directly to your son/daughter's grade-level counselor and is essential to the educational process.

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

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- b) What specific ***needs*** does your child have as a result of the above?

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2. Has your child been assessed for ***learning differences or other conditions*** (LD, ADHD, Autism Spectrum Disorder, etc.)? If so, **please provide a complete copy of his/her most current educational evaluation**, if available, and list any specific academic needs. Are there academic areas that are a significant struggle for him/her? Please explain below.

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3. How would you describe your student's previous school year?

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4. Please indicate any significant ***emotional stress*** your child has recently which you think his/her counselor should be made aware of (separation or divorce of parents, remarriage, recently

moved, death or serious illness of a loved one, bullying, loss of friends, problems “fitting in,” etc.).

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

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Check all that apply:

- ☐ I would not like this information released to anyone other than my student’s counselor at this time.
- ☐ I give my permission for this information to be made available to the appropriate teachers.
- ☐ I would like my child’s counselor to contact me for additional information not provided here.
- ☐ I would like a Wellness Counselor to contact me for additional information not provided here.
- ☐ I would like the information on my child’s learning differences shared with Margaret Buggy, the Student Support Services Director.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

Thank you for your cooperation. We welcome any contact from you which may help us better meet your child’s needs. We look forward to working with you!

Sincerely,

Armando Diaz ’94 MA, PPS  
Counseling Department Chair

NOTE: Please return this completed form in a sealed envelope labeled ‘Freshman Counselor’ to the Front Office by the beginning of the school year. The envelope will be forwarded to your child’s grade-level counselor in confidence. The counselor for the Class of 2027 is Mr. Kirk Purdy and you can send it directly to him as well as a pdf at [kpurdy@cbhs-sacramento.org](mailto:kpurdy@cbhs-sacramento.org).