Saint Ignatius Counseling Department

Confidential Student Background

This strictly confidential questionnaire has been designed to assist the counseling department in becoming better acquainted with your family and your son. Keep in mind that this information has no bearing on your son's admission status. Please complete this form and scan and email a copy to freshmanforms@ignatius.edu.

Student Name: _____ Student ID: _____

1. Has your son ever been diagnosed with a learning disability? Has an IEP, SEGO, or other accommodation plan been used in school? If so, please describe.

2. Please describe any difficult family issues that have occurred over the past few years. (Examples might include death of a parent/sibling/close friend, divorce, job loss, financial hardship, etc.)

3. Is your son currently under the care of a medical or psychological professional? Please describe. (Keep in mind this information will remain strictly confidential.)

4. Does your son require any special accommodations as a result of a physical challenge or disability?

5. Please feel free to describe anything else you would want your son's school counselor (who will work with him for all four years) to know. Does he have any special talents or interests you'd like to brag about? Are you proud of any obstacles he has overcome? Does he have any unique custodial arrangements? Do you have any concerns as he enters Saint Ignatius? (Feel free to include additional paper if necessary.)