Via K. Marx 14, 20090 Noverasco di Opera MI Italy - Tel. (+39)02 53000015 - Fax. (+39)02 93660932 - admissions@asmilan.org - www.asmilan.org

## Principal/Counselor Form

Student Name:	Grade Applying to:
Dear Principal/Counselor:	
educating students. We believe that the best exp schools can work effectively together. To that en	s an essential part of a supportive approach ir eriences for students are those in which families and d, your insights about the existing partnership with a the student. Please use the reverse side of this form to
Please list the first words that come to mind when thinking	ng about this family:
Please describe the school and family partnership include the child's school experience.	ling any comments on parent cooperation and support of
Please describe any evaluative processes, diagnostic ass School (or by the family independently) to assist the child	
Please include any other information that you think coul school.	d be helpful in understanding family expectations of the
Name:	Title:
School:	Phone Number:
	ments will be held in the strictest confidence. If there are comments
that you would prefer to share in a telephone conversation, pl	ease check here 🔲 Best time to call