



Counseling Self Referral Form

Mrs. Evans and Mrs. Nagy

Date _____

Dear Counselor,

I would like to talk to you about _____

Sincerely,

Grade Teacher First & Last Name

I feel..... (circle your feelings)

Happy Angry Sad Worried Excited Overwhelmed

This is a... (circle one)

Small problem medium problem big problem

Please return this form to Mrs. Evans and Mrs. Nagy's mailbox outside of their office.