

Student Self Referral Form For Counseling Services

Name _____ . Grade _____

Advisory teacher: _____. Best Hour(s) to contact me: _____

I need to talk with you about:

Something personal

A friend I am worried about

My grades and schoolwork

Planning now for the future (e.g. career choices, post-secondary options)

Something else—I will tell you when I see you!

Other comments _____

Signed _____ Date _____

Return this form to Counseling Office. A counselor will contact you as soon as possible.