

## School Counselor Appointment Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Circle the hours you have elective classes (Band, Choir, PE, Health, Writing, Exploring Math, Impact for Success, Computers, or a Foreign Language):    1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

Reason you would like to see Ms. Creutz: (please check all that apply)

Academic/Grades	Social/Friends
<input type="checkbox"/> Homework <input type="checkbox"/> Teacher conflict <input type="checkbox"/> Grades/test scores	<input type="checkbox"/> Friend Issues <input type="checkbox"/> Bullying or being Bullied <input type="checkbox"/> Other social issues
Family	Other
<input type="checkbox"/> Family is going through changes <input type="checkbox"/> Other family issues	<input type="checkbox"/> Something not listed

Please explain in words the issue: (please print).

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Please put upside down in the Counselor's Box in the Main Office. Ms. Creutz will meet with you as soon as possible.

Office Use Only

Date Received \_\_\_/\_\_\_/\_\_\_

Follow Up \_\_\_/\_\_\_/\_\_\_

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