

Student Self Referral Counseling Form

Please complete this form to request a meeting with your school counselor. Once completed, please print this form and drop it off at the counseling office or hand it to your teacher.

Student Information

Today's Date:

Student Full Name:

Grade Level:

Homeroom Teacher:

Student Email Address:

Reason for Referral

Please write the main reason you would like to speak with the counselor (for example: academic concerns, friendship issues, feeling stressed, family changes, etc.):

Urgency and Scheduling

Is this an emergency? (Write YES or NO):

What is the best class period or time for you to meet with the counselor?:

Have you spoken to this counselor before? (Write YES or NO):

Signature

By signing below, you are requesting to schedule a time to talk.

Student Signature: