

COUNSELING REQUEST

I need to talk to you about...

- _____ School _____
- _____ Friends _____
- _____ Home _____
- _____ Me _____
- _____ Something Else _____

I am feeling:



Happy



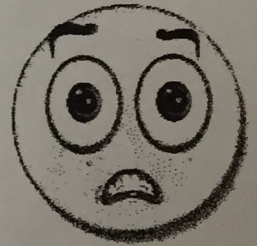
Sad



Angry



Worried



Scared

From: _____ Grade: _____

Date: _____ Teacher: _____

Comments:

Please return this form to the school counselor's office.