

Counselor Student Request



Name: _____

Teacher: _____ Date: _____

I Want to talk about: (Check topics which apply)

Myself _____ Friends _____ Classmates _____ Teacher _____ Schoolwork _____

Coming to school _____ Home _____ Feelings _____ Being afraid _____

What makes me mad _____ What makes me sad _____ Other things _____

This is an emergency!!!

(I'm in danger of being hurt by someone.) Yes _____ No _____

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