



GUIDANCE COUNSELLOR APPOINTMENT REQUEST FORM



NAME: _____

GRADE: _____

DATE: _____

FORM: _____

I WOULD LIKE TO TALK TO YOU ABOUT:

- | | |
|---|---|
| <input type="checkbox"/> High school transition | <input type="checkbox"/> Test preparation |
| <input type="checkbox"/> High school courses | <input type="checkbox"/> Test anxiety |
| <input type="checkbox"/> Career planning | <input type="checkbox"/> Study skills |
| <input type="checkbox"/> Organization (locker, binder, planner) | <input type="checkbox"/> Worried about school/friends |

Something else? What do you want to talk about?



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