

**South Seneca MIDDLE SCHOOL
STUDENT REQUEST TO SEE SCHOOL COUNSELOR**

NAME(S) _____

DATE _____

GRADE _____

REASON FOR REQUEST: Academic Problems Personal
 Other

TYPE OF SITUATION (circle one): COOL 1- 2- 3- 4- Warm -5- 6- 7- 8- 9 HOT! -10

PLEASE EXPLAIN (*briefly*):

===== **FOR COUNSELOR USE ONLY** (*Do Not Write Below This Line*) =====

SUMMARY OF SESSION (Date _____): _____

ACTION TO BE TAKEN:

CONTACT: Parent Teacher Principal Other:

SCHEDULED FOLLOW-UP: None at this time Monitor progress (Date _____)

COMMENTS: _____
