

QUIMBY OAK COUNSELING SELF-REFERRAL FORM

If you need to talk to the counselor, please fill out this form and slip it under the counselor's door.

Ms. Mai will contact you as soon as possible.

NAME: _____ GRADE: _____ DATE: _____

I need to talk to you about:

- | | |
|--|---|
| <input type="checkbox"/> URGENT! Something private right away! | <input type="checkbox"/> Peer pressure |
| <input type="checkbox"/> The death of a person or a pet I love | <input type="checkbox"/> My grades and school work |
| <input type="checkbox"/> A friend I am worried about | <input type="checkbox"/> Planning for the future |
| <input type="checkbox"/> How others are treating me | <input type="checkbox"/> Something else (write below) |
| <input type="checkbox"/> Feeling better about myself | |
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-
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Ryan Hansen-Vera, Principal



Mai Huynh, School Counselor