

**TROTWOOD-MADISON  
HIGH SCHOOL  
SCHOOL COUNSELOR REQUEST**

Students requesting to see their school counselor must complete this form and return it to the counselor secretary. **We will do our best to respond in a timely manner.**

**Request to see your School Counselor**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

- Urgency:**
- It's urgent (today if possible, please!!!)
  - I can wait a little (next couple of days)
  - I can wait (in the next week)

- Reason:**
- |  |  |                                   |                                     |
|--|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Schedule Question | <input type="checkbox"/> Struggling in Class | <input type="checkbox"/> Personal | <input type="checkbox"/> Graduation |
| <input type="checkbox"/> Credit Recovery   | <input type="checkbox"/> College             | <input type="checkbox"/> ACT/SAT  | <input type="checkbox"/> Tutoring   |
| <input type="checkbox"/> Credit Check      | <input type="checkbox"/> Other               |                                   |                                     |

**More detailed explanation of reason:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Counselor Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Date Seen: \_\_\_\_\_

Referral? Yes / No To whom: \_\_\_\_\_