Mrs. Alyssa Aysenne Mrs. Shannon Bayham Mrs. Erin Theriot

 A-D Counselor E-M Counselor N-Z Counselor

What can we help you with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Your Name Grade Today’s Date

What can we help you with?

Check one of the following:

\_\_\_\_ My concern is urgent. I need to see you as soon as possible.

\_\_\_\_ My concern is not urgent. I would like to see you in the next few days.

\_\_\_\_ I will come into guidance during lunch to get information.

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TO BE FILLED IN DURING OUR SESSION

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 Student Signature Counselor Signature Date & Time

Were your questions answered or were you given resources to find the information you are looking for?

Yes No

Meeting Notes:

 \_\_\_\_\_\_\_\_\_\_ **If checked**, Please return this form signed by your parent/guardian.

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 Signature Date