

Counselor Parent Request Form 24-25

The deadline for schedule changes is/was September 6th. Please do not use this form for schedule changes. Thank you!

Student's First and Last Name: _____

Parent/Guardian's First and Last Name: _____

What is the best number to reach you: _____

Email: _____

Preferred method of contact? (Circle one) **Phone** **Email**

Student's Grade Level:

- 6th
- 7th
- 8th

Concerns:

- Discipline concern – Please reach out to the Dean of Students, Assistant Principal, or Principal
- Grading Policy – Please reach out to the student's teacher
- Academic concerns
- Social Concerns
- Family Problems
- Other: _____

Previous Interventions – Check all that apply:

- Contacted teacher via phone
- Emailed teacher
- Parent/teacher conference
- I haven't contacted the teacher
- Other: _____

On a scale of 1-5, how serious (immediate) is this concern:

Less Serious 1 2 3 4 5 Very Serious

Additional Comments:
