



Counseling Self Referral Form

Mrs. Evans and Mrs. Nagy

Date _____

Dear Counselor,

I would like to talk to you about _____

Sincerely,

Grade

Teacher

First & Last Name

I feel..... (circle your feelings)

Happy

Angry

Sad

Worried

Excited

Overwhelmed

This is a... (circle one)

Small problem

medium problem

big problem

Please return this form to Mrs. Evans and Mrs. Nagy's mailbox outside of their office.