

East Fairmont High School

Request to see a Counselor

Name: _____

Student Number: _____

Date: _____

Reason:

- | | |
|---|--|
| <input type="checkbox"/> Classes | <input type="checkbox"/> Teacher Issue |
| <input type="checkbox"/> College Question | <input type="checkbox"/> Credit Recovery |
| <input type="checkbox"/> Credits | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Transcript |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Other |

If Other, Please Indicate:

Would like to speak with:

Ms. Pinn

Mrs. Copenhaver

Ms. Butcher (secretary)

Student was seen: _____ Notes for visit on back