

Self- Referral

If you would like to see Ms. Foster or Ms. Willis, school counselor, please fill out this form and GIVE it to your teacher or leave it in the box on Ms. Foster's or Ms. Willis's door. You will be called ASAP.



Name _____

Date _____

Grade: 7th _____

8th _____

Class Schedule

Class	Teacher/Room

Is what you need to see Ms. Foster or Ms. Willis about urgent (life or death)?

Yes _____ No _____