



### Counselor Change Request Form

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Current Counselor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please explain your reason for requesting a change. Please be as detailed as possible to help us determine if a change is warranted and if there is another counselor who can meet your needs.

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

Have you attempted to speak with your current counselor about this?      Yes      No

Is there something your counselor could do differently, that would be helpful?

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

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

<i>For Office Use Only</i>			
Outcome of Request:	Approved	Denied	Off Campus Referral
Completed By:	_____		Date: _____
*Note:			
<ul style="list-style-type: none"> <li>• Students may <i>ONLY</i> request one change throughout a year.</li> <li>• Changing may result in delayed appointments.</li> </ul>			