



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"> • Students may <i>ONLY</i> request one change throughout a year. • Changing may result in delayed appointments. 			