



# Luis P. Untalan Middle School

## Wildcat Counseling Center



### *Request for Counseling Services*

Please complete this form as best as you can. The more information you provide will help the referral process. Use this form for one (1) student only.

Date of Request: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade/Team: \_\_\_\_\_  
 (Last, First M.I. / Student Number)

Requesting Person: \_\_\_\_\_ Contact/Room No.: \_\_\_\_\_

**Reason for Request:**    \_\_\_ Academic    \_\_\_ Personal    \_\_\_ Social

Important Information needed by Counselor: Contributing Factors/Interventions Used & Outcomes:

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Has this issue been discussed with parents/guardian?     Y     N

Please explain the outcome of your attempt(s):

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**“School Of Excellence”**

Cheetah  
Lynx  
Puma

Griffins  
Tigers  
Cougars

Lions  
Panthers  
Jaguars