St. Genevieve Catholic School
School Counseling Student Self-Referral Form
Mrs. Jill Talbot

Name: _____**Date:**_____

Teacher: _____**Grade:**_____

I need help with…

_____ a friend or other kids

_____ school

_____ family or home

_____ something else

This is a…

_____ good thing

_____ small problem

_____ big problem

_____emergency

I want Mrs. Jill to know…

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