

**Flagstaff Unified School District – Counseling Office- Secondary Schools
Request for Student Support**

Request Date: _____

Student: _____ **Grade:** _____ **School:** _____

Person(s) making the request: _____ **Relationship to student:** _____

Teachers: Attempts to contact the student’s parents/guardians and notify them of any concerns are required prior to submitting this form to the Counseling Office. Please indicate your contact attempts and results in the table below.

DATE	TEACHER’S NAME	RESULTS OF CONTACT (e.g., left voicemail, parent-teacher conference, discussed concerns with parent over the phone, parent concerned, parent not concerned).

Reason for Request: Learning-Academic Social-Emotional-Behavioral Health Attendance

Write a brief description of your concerns in the space below. Continue writing on back of form, or attach documentation if needed. Return this form to the student’s assigned school counselor.

SCHOOL COUNSELOR USE ONLY

RECOMMENDATIONS FOR PRELIMINARY RESOLUTION(S)

- Parent-teacher conference Referral to Student Success Team Professional staffing to problem solve
- Request for additional records (e.g., medical, hearing/vision, school, or behavioral health, etc.). Describe:

- Other:

Reviewed by (school counselor): _____ **on** _____ **(date).**