

Counselor Appointment Request With Mrs. Rohdy

Please complete the form below to make a counseling appointment with Mrs. Rohdy and return it to the main office. You will receive an email and/or phone confirmation of the first available time slot that fits your request. Print (or screen shot) your confirmation and use it as your pass to come to the counseling office. *Please allow up to 48 hours after the request is received to confirm an appointment time. If this is an URGENT matter and you need immediate assistance, please go to the main office.*

Student Name (Please Print): _____ **Grade:** _____ **Date Appointment Requested:** _____

Student Email Address: _____ **Phone Number To Contact Student:** _____

Specific Day Request (circle preference): Monday Tuesday Wednesday Thursday Friday Any Day

Specific Hour Request (circle preference): First Hour (8:00-9:15 a.m.) Third Hour (10:40-11:55) Any Hour
Need Special Time Arrangement: When: _____

Reason for Request (select all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Academics/Scheduling | <input type="checkbox"/> Career Preparation/College Planning | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Drop/Add Course | <input type="checkbox"/> Career Assessment Testing | |
| <input type="checkbox"/> EDP Update | <input type="checkbox"/> College Applications | <input type="checkbox"/> Financial Aid (FAFSA/TIP) |
| <input type="checkbox"/> CTE | <input type="checkbox"/> College Visitation | |
| <input type="checkbox"/> Dual Enrollment | <input type="checkbox"/> Letter of Recommendation | <input type="checkbox"/> Personal Concern |
| <input type="checkbox"/> Personal Curriculum | <input type="checkbox"/> Resume / Cover Letter | |
| <input type="checkbox"/> Credit Assessment | <input type="checkbox"/> ACT/SAT Testing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Academic Course Concern | <input type="checkbox"/> Accuplacer Testing | |

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Guidance Office Use Only:

Appointment Day/Time: _____

Notes:

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Student Feedback:

Was Your Counseling Issue Addressed: Yes No Satisfaction with Outcome: Very Satisfied Satisfied Neutral Not Satisfied

Student Comments: