

Counselor Recommendation

Teacher Name: _____ Date: _____

Student: _____

This student is currently deficient in the following area(s):

Grades _____ Attendance _____ Discipline _____ Other _____

Please contact me as soon as possible concerning options available in order to correct the current situation. I would like to schedule a meeting with you, the student, and possibly a parent concerning this issue.

Please indicate the time and day most convenient for this conference.

Day	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

I would appreciate your prompt attention.

Counselor Signature: _____ Date: _____