

GUIDANCE VISITATION REQUEST

Name: _____

Grade: (circle one) 9 10 11 12

Date _____

Reason: Academic

 Other

Comments (if needed)

Please return requests to the guidance office. A counselor will make arrangements to see you as soon as possible. You can also reach the counselors via e-mail:

dawsone@youghsd.net

hippsg@youghsd.net