School Counseling Check In Form

Students - I have created this form to help me stay in contact with you. I know there have been and will continue to be a lot of changes in the upcoming weeks. This can create a lot of anxiety and stress. I want to make sure you all continue to have support in the way it works best for you.

* Required

1. Name *

2. How are you feeling today? *

Check all that apply.

- [ ] Happy
- [ ] Sad
- [ ] Disgust
- [ ] Anger
- [ ] Fear
- [ ] Surprise

3. What activities do you plan to do or have done today? *

4. Would you like contact from Ms. Osten? *

Mark only one oval.

- Yes
- No

5. What method do you prefer me to contact you? *

Mark only one oval.

- Email
- Phone
- Text
- No contact - just want you to know

6. Please list preferred phone number or email?(you can list none if you do not want to share) *

7. Thoughts you would like to share?

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