

INNER-OFFICE CORRESPONDENCE

John Adams Middle School  
151 W. 30th Street  
L.A, CA. 90007

MIDDLE SCHOOL COUNSELING REQ.

TO: Mr. Luis South, Middle School Counselor DATE \_\_\_\_\_

FROM: \_\_\_\_\_  
Name (Please Print) Track/Room#

Student's issues/problems are mainly about (circle no more than two asterisks):

\*Social (in class)

STUDENT NAME: \_\_\_\_\_

\*Social (yard and/or walking on line)

\*Negative Behavior

\*Outside of school

\*Academic Performance \_\_\_\_\_ Overall or Specific Areas \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Immature/Odd behavior patterns

\*Self-Esteem (\_\_\_\_\_ Low \_\_\_\_\_ Overblown)

Please provide the following information:

Parent's Home/Work Phone#(s): \_\_\_\_\_  
Home Work

Parent/Guardian Name: \_\_\_\_\_

PLEASE ATTACH A COPY OF STUDENT'S ANECDOTAL  
OR YOUR NOTATIONS WRITTEN ON 8.5"x 11" PAPER

Approved: Ms. Evelyn Wesley \_\_\_\_\_  
Principal