



## Albany Senior High School Student Self Request

Student:

Year Level:

### I would like to talk to:

- ☐ Program Coordinator (7-9) – Jason.seal@education.wa.edu.au
- ☐ Program Coordinator (10-12) – Dianne.heinrich@education.wa.edu.au
- ☐ Nurse - Helen.Perry@health.wa.gov.au
- ☐ Chaplain - jennifer.wingard@education.wa.edu.au
- ☐ School Psychologist - renae.davies@education.wa.edu.au

*Please complete this form and email to the individual(s) you have identified above at the indicated address*

### To talk about:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Private/Personal Reasons | <input type="checkbox"/> Greif/Loss                     | <input type="checkbox"/> Peer Relations |
| <input type="checkbox"/> Health/Medical Issues    | <input type="checkbox"/> Emotional/Psychological Issues | <input type="checkbox"/> Bullying       |
|   | <input type="checkbox"/> General Check-up               |   |

### What else can you tell us?

Best contact time:

Best means of contact:

*Please complete this form and email to the individual(s) you have identified above at the indicated address*