

STUDENT COUNSELING FORM

<u>DATE</u> _____	
<u>STUDENT NAME</u> _____	<u>CLASS NO.</u> _____

1. REASON FOR COUNSELING:

- a. ☐ Routine
☐ Student Initiated
☐ Institute Initiated

b. Identify reason: _____

2. GENERAL OBSERVATIONS:

a. Attendance:

- ☐ Punctual
☐ Occasionally Tardy
☐ Habitually Late
☐ Other: (Explain) _____

b. Appearance:

- ☐ Neat, Clean
☐ Unkept
☐ Other: (Explain) _____

c. Attitude:

- ☐ Willing, Eager, Pleasant
☐ Other: (Explain) _____

3. Is student experiencing difficulty meeting course demands? ☐ YES ☐ NO

EXPLAIN: _____

4. Is corrective action needed? ☐ YES ☐ NO

EXPLAIN: _____

5. Next counseling session: _____

6. Counselor's comments: _____

7. Student's comments on evaluation: _____

I have read and understand the above information. My signature does not necessarily mean that I agree with all the material listed, but it acknowledges that I have read and understand the material.

PRINT STUDENT NAME *STUDENT SIGNATURE* *DATE*

PRINT COUNSELOR NAME *COUNSELOR SIGNATURE* *DATE*

Date forwarded to Regional EMS Council _____