

STUDENT COUNSELING FORM

DATE _____	
STUDENT NAME _____	CLASS NO. _____

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 _____