**Student Counseling Application Form**

**Student Information**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Grade/Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **School/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Information (if applicable)**

* **Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Counseling  
Describe the issues or concerns leading to the request for counseling, such as academic challenges or social adjustment.**

**Counseling Focus Areas  
(Check all that apply)**

* **Academic Performance**
* **Personal Growth**
* **Social Skills**
* **Career Planning**
* **Emotional Well-being**

**Preferred Counseling Schedule  
Indicate preferred days and times for sessions.**

**Short- and Long-Term Goals**

| **Goal Type** | **Goal Description** | **Time Frame** | **Progress Notes** |
| --- | --- | --- | --- |
| **Short-Term** |  |  |  |
|  |  |  |  |
| **Long-Term** |  |  |  |
|  |  |  |  |
| **Short-Term** |  |  |  |
| **Long-Term** |  |  |  |
| **Short-Term** |  |  |  |
| **Long-Term** |  |  |  |

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Counselor’s Initial Feedback:**