

# School Counseling Application Form

## Student Information

- Student's Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Grade/Level: \_\_\_\_\_
- School Name: \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_

## Contact Information

- Parent/Guardian Contact Number: \_\_\_\_\_
- Parent/Guardian Email Address: \_\_\_\_\_
- Home Address: \_\_\_\_\_

## Counseling Goals

Describe the main areas where support is needed, such as academic performance, social skills, or personal issues.

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## Areas of Concern

(Check all that apply)

- Academic Struggles
- Behavioral Issues
- Emotional Support
- Peer Relationships
- Family Issues

**Availability for Counseling Sessions**

Specify preferred days and times for counseling sessions.

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**Tracking Goals and Progress**

Goal	Support Needed	Expected Outcome	Review Date

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Counselor's Initial Review:**

Space for the counselor's initial observations.

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