

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: