

Student Counselling Form

Student Information:

- Name: _____
- Age: _____ Grade/Year: _____
- School/College Name: _____
- Contact Information: _____

Reason for Referral:

- Academic Difficulties
- Behavioral Issues
- Peer Relationships
- Family Problems
- Other (Specify): _____

Details of Concerns:

Academic Performance (If applicable):

Subject/Area	Current Grade	Teacher Comments	Actions Suggested

Additional Comments by Counsellor:

Signature of Counsellor: _____

Date: _____