

# School Counseling Intake Form

## Student Information:

Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Contact: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

## Reason for Seeking Counseling:

Academic Struggles

Emotional Well-being

Family Issues

Peer Conflicts

Other: \_\_\_\_\_

## Academic Performance:

Subjects of Concern: \_\_\_\_\_

Teacher Feedback: \_\_\_\_\_

## Behavioral Concerns:

Disruptive in Class

Withdrawn/Isolated

Frequent Absences

Other: \_\_\_\_\_

## Intervention History:

Past Counseling or Support Services:  Yes  No

If Yes, Details: \_\_\_\_\_

## Support Plan Table:

<b>Concern Identified</b>	<b>Action Steps</b>	<b>Assigned Counselor</b>	<b>Progress Notes</b>

**Student and Parent Agreement:**

I understand the purpose of counseling and agree to the outlined plan.

**Signatures:**

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

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_