

# Student Intake Form for Counseling

## Student Details:

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

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

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

Parent/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Referral Information:

Referred By:  Teacher  Parent  Self  Other: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

## Areas of Concern:

Academic Stress

Peer Relationships

Anxiety

Depression

Family Issues

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

## Support History:

Previous Counseling:  Yes  No

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

## Goals for Counseling:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Weekly Progress Table:

Date	Focus Area/Goal	Progress Noted	Counselor's Notes

**Consent Acknowledgment:**

I agree to participate in counseling sessions and share accurate information.

**Signatures:**

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

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