

Student Counseling Form Online

Student Information

Full Name: _____

Student ID: _____

Grade/Year: _____

Email Address: _____

Phone Number: _____

Counseling Session Details

Session Date	Start Time	End Time	Counselor Name

Reason for Counseling

- Academic Issues
- Emotional Support
- Career Guidance
- Other (Specify): _____

Counseling Notes

Key Points Discussed:

Action Plan:

Acknowledgment and Signatures

I confirm that the session details and notes are accurate.

Student Name: _____

Signature: _____

Date: _____

Counselor Name: _____

Signature: _____

Date: _____