

# Student Counseling Report Form

## Student Information

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

Student ID: \_\_\_\_\_

Grade/Year: \_\_\_\_\_

School/Institution: \_\_\_\_\_

Date of Counseling Session: \_\_\_\_\_

## Reason for Counseling

Academic Challenges

Behavioral Concerns

Personal/Emotional Issues

Career Guidance

Other (Specify): \_\_\_\_\_

## Session Summary

Key Issues Discussed:

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Action Steps Recommended:

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## Follow-Up Plan

Next Session Date: \_\_\_\_\_

Additional Resources or Support Required:

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**Counselor's Notes**

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**Acknowledgment and Signature**

I confirm that the details above are accurate and reflect the session conducted.

**Counselor Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

**Student Signature:** \_\_\_\_\_

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