**School Counseling Form Online**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Reason for Counseling Request**

**☐ Academic Challenges
☐ Social/Peer Issues
☐ Anxiety or Emotional Concerns
☐ Conflict Resolution
☐ Family Concerns
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Preferred Counseling Format**

**☐ One-on-One Session
☐ Group Counseling
☐ Virtual Counseling Session**

### **Urgency of Request**

**☐ Immediate Assistance Needed
☐ Can Wait for Scheduled Session
☐ Follow-up Required**

### **Additional Comments from Student/Teacher/Parent**

### **Counselor’s Notes & Action Plan**

### **Signatures**

**Student’s Signature (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Counselor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**