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