

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: _____