STUDENT COUNSELING FORM

1. REASON FOR COUNSELING:
   a. □ Routine
      □ Student Initiated
      □ Institute Initiated
   b. Identify reason: __________________________________________
      __________________________________________
      __________________________________________

2. GENERAL OBSERVATIONS:
   a. Attendance:
      □ Punctual
      □ Occasionally Tardy
      □ Habitually Late
      □ Other: (Explain) __________________________________________
      __________________________________________
      __________________________________________
   b. Appearance:
      □ Neat, Clean
      □ Unkept
      □ Other: (Explain) __________________________________________
      __________________________________________
      __________________________________________
   c. Attitude:
      □ Willing, Eager, Pleasant
      □ Other: (Explain) __________________________________________
      __________________________________________
      __________________________________________
3. Is student experiencing difficulty meeting course demands?  ☐ YES  ☐ NO

EXPLAIN:__________________________________________________________
__________________________________________________________
__________________________________________________________

4. Is corrective action needed?  ☐ YES  ☐ NO

EXPLAIN:__________________________________________________________
__________________________________________________________
__________________________________________________________

5. Next counseling session:________________________________________

6. Counselor’s comments:__________________________________________
__________________________________________________________
__________________________________________________________

7. Student’s comments on evaluation:________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

I have read and understand the above information. My signature does not necessarily mean that I agree with all the material listed, but it acknowledges that I have read and understand the material.

_________________________________  ____________________________  ______
PRINT STUDENT NAME              STUDENT SIGNATURE              DATE

_________________________________  ____________________________  ______
PRINT COUNSELOR NAME             COUNSELOR SIGNATURE            DATE

Date forwarded to Regional EMS Council ___________________________