



## Student Counselling Form

<b>Date</b>	<b>Student ID</b>	<b>Start Date</b>
<b>Course Code</b>		
<b>Course Name</b>		
<b>Family Name</b>		
<b>Given Name</b>		
<b>Address</b>		
<b>Home Phone</b>	<b>Mobile</b>	<b>Email</b>

**1. Reason for counselling (please circle)**

A. Routine / Student initiated / Academy initiated

**B. Identify reason (list reason below)**

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**2. General observations**

<b>Attendance</b>	<b>Attitude</b>	<b>Other</b>

**3. Is the student having trouble in meeting course demands? Yes / No**

**Explain:**

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**4. Proposed management plan or corrective measures taken**

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**5. Next counselling session:** \_\_\_\_\_

**Comments:**

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

Student signature .....

Date .....

Counselor signature .....

Date .....