Student Counseling and Requirements Form

Use to document a student concern, counseling conversation, required action, or follow-up.

STUDENT AND COURSE INFORMATION

Student name: _____	Date: _____ Time: _____
Course / program: _____	Section / class date: _____
Instructor: _____	Location: _____
Phone or email (if needed): _____	Meeting type: ☐ In person ☐ Phone ☐ Other

REASON FOR COUNSELING

Check all that apply: ☐ Attendance ☐ Skills / performance ☐ Safety ☐ Conduct / professionalism ☐ Course requirement ☐ Communication ☐ Other: _____

Specific concern, requirement, or event being addressed (include dates or examples when applicable):

Student perspective and relevant information shared during the discussion:

EXPECTATIONS AND ACTION PLAN

Requirement(s) or expectation(s) to be met:

Counseling Plan and Acknowledgment

Student: _____ Course: _____

Agreed action steps, responsible person, and due date(s):

Support, resources, or instructor assistance offered:

Completion deadline: _____	Follow-up date / time: _____
Follow-up method: ☐ In person ☐ Email ☐ Phone ☐ Other	Follow-up with: _____

Follow-up notes / outcome (complete after follow-up, if applicable):

ACKNOWLEDGMENT AND SIGNATURES

By signing, the parties acknowledge that this discussion occurred and that the form was reviewed. The student signature confirms receipt of the expectations and next steps; it does not necessarily indicate agreement with every statement. The witness confirms the meeting and signatures, not the accuracy of every statement.

Student signature: _____ Date: _____

Printed name: _____

Instructor signature: _____ Date: _____

Printed name: _____

Witness signature: _____ Date: _____

Printed name: _____

Distribution: ☐ Student copy provided ☐ Instructor file ☐ Other: _____