STUDENT COUNSELING FORM

STUDENT NAME ____________________________ DATE ______________________

Reasons for Conference

_____ excessive absences                        _____ required competencies lacking
_____ attitudinal difficulties at clinical site and/or classroom
_____ grades in lecture and/or clinical sections
_____ other: ___________________________________________

Supporting Documentation

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Corrective Action Plan

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Attach additional pages as needed

Decisions

_____ review conferences scheduled on___________________________

_____ withdrawal from program student initiated

_____ withdrawal from program instructor initiated

_____ student may reapply to program

Comments

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Program Director ____________________________ Faculty Member ____________________________

Student ____________________________ Date ____________________________