



STUDENT COUNSELLING FORM
(Student Counselling Service – Confidential)

(This part will ONLY be read and retained by the counsellor)

Date	
Student Name	
Student ID	
Course of Study	
Counsellor Name	
Accompanied By	

Please complete as much of this form as you can. Continue on and attach separate sheet(s) if necessary. You may contact your personal tutor or counsellor if you need help with filling in this form.

1. What are your current problems/difficulties?

2. What is the background of your current problems/difficulties?

3. Have your difficulties resulted in one or more of the following? Please tick one or more of the following boxes that may apply to you.

- Non Attendance
- Poor Attendance
- Poor Progress
- e of Course
- Cancellation of Admission
- Deferral
- Non Payment
- Misconduct
- Others (*please Specify*) _____

4. How are you handling your problem(s)? Is someone helping/supporting you with solving your problem(s)?

5. What are your expectations from this counselling?

Please print your name and sign below

Student Name	
Signed	
Date	

This part of the form is for counsellor's use only

Findings and proofs provided	
Suggestions	
Action(s) Taken	

Counsellor Name	
Signed	
Date	