

STUDENT COUNCILING DOCUMENTATION

Student Name: _____ Date of Counseling: _____

Type of Issue Defined

Previous Counseling

	ORAL	WRITTEN	DATE	BY WHOM
1st Counseling	<hr/>			
2nd Counseling	<hr/>			
3rd Counseling	<hr/>			

Coordinator Statement

Student Statement

Action To Be Taken

Consequence should issue occur again

Student Signature _____ Date _____

Coordinator Signature _____ Date _____