



SA-FM-007 STUDENT COUNSELLING FORM

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|----------------------------|-------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|----------------------------------|--------------------------------|
| Student First Name: | | Family Name: | | | | |
| Student Number: | | Course Name: | | | | |
| Staff Member Name: | | | | | | |
| Date of Interview: | | | | Time: | | |
| Others Present: | | | | | | |
| Issue of Concern: | <input type="checkbox"/> Attendance | <input type="checkbox"/> Academic | <input type="checkbox"/> Misconduct | <input type="checkbox"/> Financial | <input type="checkbox"/> Welfare | <input type="checkbox"/> Other |
| | If other, please specify | | | | | |

Details of concern:

Recommendation:



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|--|-------------------------------------|
| <p><u>Student Statement</u></p> <p>As a result of this interview:</p> <p>Attendance/Academic:</p> <p> <input type="checkbox"/> I fully understand the attendance / academic progress requirements of my course/s <input type="checkbox"/> I understand the consequences of failure to comply with attendance / academic progress requirements <input type="checkbox"/> I know where to obtain help in relation to meeting attendance / academic progress requirements <input type="checkbox"/> I will address existing attendance and / or academic progress issues by: <input type="checkbox"/> I am satisfied with recommendation. <input type="checkbox"/> Other outcomes: </p> <p>Other:</p> | |
| <p>Student Signature:</p> | <p>Counsellor Signature:</p> |

| Office Use Only | |
|---|---|
| Recommendation | Outcome of recommendation |
| <input type="checkbox"/> Issue resolved | <input type="checkbox"/> No further action |
| <input type="checkbox"/> Improvement plan required - to be completed on Date: / / (after 20 days) | <input type="checkbox"/> The improvement plan <i>has / has not</i> been satisfactorily completed after 20 days: |
| <input type="checkbox"/> Issue is unlikely to be resolved Reason: | <input type="checkbox"/> Refer to Academic Manager |
| <input type="checkbox"/> Other recommendation: | <input type="checkbox"/> Action taken: |