



106 Courthouse Square  
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## Counseling Form

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Reason for counseling:**

**Grade** \_\_\_\_\_

**Attendance** \_\_\_\_\_

**Behavior** \_\_\_\_\_

**Other** \_\_\_\_\_

**Counseling** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Recommendation:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action**

**Taken:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Instructor**