

COUNSELOR’S RECORD

Student’s Name: \_\_\_\_\_

Year/Course/Grade/Section: \_\_\_\_\_

*Psychological Test Results*

Date of Examination	Issues/Concerns	Remarks

*Routine Interview Record*

Date of Interview	Issues/Concerns	Remarks

*Consultation*

Date of Consultation	Issues/Concerns	Action Taken

\_\_\_\_\_  
Counselor’s Signature over Printed Name