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| **COUNSELING FORM**  Subproject: {spu} | | |
| **Address:** {present\_address}  **Area/Self-Help Group:** {area\_self\_help}  **Grade/Year Level:** {grade\_year\_level}  **School:** {school} | | |
| **NAME {last\_name}, {first\_name} {mi}.** | **CH# {sm\_number}** | **Date of Counselling: {counseling\_date}** |
| **Purpose /Reason for Counselling**  {reason\_for\_counseling} | | |
| **Corrective and/or Disciplinary Action To Be Taken**  {corrective\_action} | | |
| **Recommendation for Improvement (Intervention)**  ***Sponsor Member (SM) Please Note:*** *Failure to improve performance or further violation of policy will result in additional disciplinary action up to and possible retirement.* | | |
| {recommendation} | | |
| **SM’s Comments/Remarks** | | |
| {sm\_comments} | | |

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_