Madison County School District

Educational Counseling Form

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| Student’s NameLast First Middle | Birth Date | Grade | ID Number |
| Counseling Date | Counselor’s Name | Participants |
| ACTION TAKEN (Check all that apply) |
| [ ]  Home Visit by School Personnel [ ]  Refer to Alternative Education Placement[ ]  Request class Change [ ]  Refer to Counseling Program[ ]  Request Curriculum Change [ ]  Sign up for Tutoring Program[ ]  Request Seating Change [ ]  Sign Attendance Contract[ ]  Daily Progress Report [ ]  Refer to SIT for Academic Support[ ]  Weekly Progress Report |
| Notes |
| Signature of Counselor or Designee Date |