Communication & Business Institute
The Leading Graduate School of Communication & Business

COUNSELING FORM

SGO/SP/TP /No...../GN-GJ/……./20…

Name of student: _____ NIM: _____ Class: _____

Email: _____ HP1 _____ HP2 _____

Problem Identified :_____

_____

○ Referral ○ Walk In ○ Perent Report

CODE : 1 2 3 4

NOTES:

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Action Taken:

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Follow Up:

Date Action

_____ _____

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_____ _____

Remarks:

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Feedback:
Date:
Scale:

- ☐ Very Dissatisfied
- ☐ Dissatisfied
- ☐ Satisfied
- ☐ Very Satisfied

Case Status : ☐ Done ☐ In process

Consultation Time : _____

SIGNED:

_____	_____	_____	_____
Student	Parent/Guardian	SGO Personnel	Date