



# Communication & Business Institute

The Leading Graduate School of Communication & Business

## COUNSELING FORM : Psikolog/Counselor

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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### Follow Up:

Date	Action
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_____	_____
_____	_____

### Remarks:

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### Feedback:

Date:

Scale:

- Very Dissatisfied
- Dissatisfied
- Satisfied
- Very Satisfied

### Action Taken:

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Case Status :  Done  In process

Consultation Time : \_\_\_\_\_

### SIGNED:

\_\_\_\_\_ Student          \_\_\_\_\_ Parent/Guardian          \_\_\_\_\_ Psikolog/Counselor          \_\_\_\_\_ Date