

Personal guidance counselling one-to-one record

School Name

Guidance Department

Student name/identifier:

Date and time:

Session no.:

Session length:

Aim of the session (in brief):

Summary of discussion

(include students report of feelings, thoughts, behaviour and your own observations in brief)

Agreements/actions agreed with the student:

Guidance counsellor follow-up (include actions and referral as appropriate):

Next appointment:

Student signature:

Guidance counsellor signature: