Madison County School District

Educational Counseling Form

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| Student’s Name  Last 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 | | | | | |