

COUNSELLING SESSION RECORD
PMCC – CS Format

STUDENT DETAILS

Adm No: _____ Course/Department:..... D.O.B:.....

Gender : Male / Female

Full Name: Parent’s Name & Contact
.....

Referred by
.....

COUNSELLING DETAILS

Type of Session	First session - Second session - Third session
Date of Counselling	
Academic Mentor	
Personal Mentor	
Head of Department	

SUMMARY OF UNSATISFACTORY PERFORMANCE IN KEY FOCUS AREAS

Detail below the main points of concern with the student’s behaviour etc.

Attendance

Academic performance

Discipline

Health, family and peer-adjustment status

Talents, achievements and extra-curricular activities

MENTOR COMMENTS**PERFORMANCE IMPROVEMENT PLAN**

No.	Date	Details	By When

NEXT STEPS IN THE PROCESS**ANY OTHER RELEVANT INFORMATION****DATE OF NEXT MEETING/END OF CURRENT SESSION**

Location		Date		Time	
Purpose of Meeting e.g. Interim Progress, Second/ Third Session					

CERTIFICATION (ALL SIGNATURES ARE REQUIRED)	
Mentor Name Signature:..... Date:	Student Name Signature: Date:
H.O.D Name (<i>please print</i>): Signature:..... Date:.....	Parent /Guardian Name (<i>please print</i>): Signature: Date:.....

FINAL CHECKLIST& REMARKS	
<ul style="list-style-type: none"> • All signed • Copy provided to Student/Parent/Guardian 	<ul style="list-style-type: none"> • Copy placed on PCCC file