

STUDENT COUNSELING FORM

Student Counseled _____

Cadet Leader/Cadre Counselor _____

School _____ Level _____

Date of Counseling _____ Reason for Counseling

- Performance
- Discipline
- Scheduled
- Other as shown to the left.

Remarks/Statement:

Student Counseled _____
Last Name, MI First Name Student Signature

Cadet/Cadre Counselor _____
Last Name, MI First Name Signature