**COUNSELOR STUDENT INTERVIEW FORM**

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| **STUDENT;**  **Name and surname:**  **Class:**  **Its number:** | |
| **ADVISOR;**  **Name and surname:**  **Title:** | |
| **Interview Date ……………………………interview** | |
| **Subject of the Interview** | ( ) Health Related Issues  ( ) Academic Subjects  ( ) Adaptation to School and Environment  ( ) Socio-economic Issues  ( ) Social, artistic, cultural and sports activities  ( ) Family Matters  ( ) Career planning  ( ) Psychological counseling and guidance  ( ) Other………………………...... (Specify) |
| **Recommended Solution** | |
| **Explanation** | |
| **Feedback from student** | Received ( )  Not received ( )  If not received, why: |
| **Time to get feedback from the student** |  |
| **Solution of the problem** | Provided ( )  Failed ( )  If not available, why: |

Advisor Approval Signature/Stamp