# RC Health Services

# Emergency Medical Services Training

### Student Counseling Form

| Student Information | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | Student ID | | | |  | |
| Class Number | |  | | | | | | | Date |  | | | | |
|  | | | | | | | | | | | | | | |
| Ratings | | | | | | | | | | | | | | |
|  | | | | | | YES | NO |  | | | |  | |  |
| Unexcused Clinical Absence | | | | | |  |  |  | | | |  | |  |
| Comments | | |  | | | | | | | | | | | |
| Disruptive Behavior | | | | | |  |  |  | | | |  | |  |
| Comments | | |  | | | | | | | | | | | |
| Violation of Student Handbook Rules | | | | | |  |  |  | | | |  | |  |
| Comments | | |  | | | | | | | | | | | |
| Other | | | | | |  |  |  | | | |  | |  |
| Comments | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Evaluation | | | | | | | | | | | | | | |
| Additional Comments | | | |  | | | | | | | | | | |
| Goals  (as agreed upon by student and instructor) | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Verification of Review | | | | | | | | | | | | | | |
| By signing this form, you confirm that you have discussed this review in detail with your instructor. Signing this form does not necessarily indicate that you agree with this evaluation. | | | | | | | | | | | | | | |
| Student Signature | | | | |  | | | | Date | |  | | | |
| Faculty Signature | | | | |  | | | | Date | |  | | | |
| Program Coordinator Signature | | | | |  | | | | Date | |  | | | |
| Program Director Signature | | | | |  | | | | Date | |  | | | |

Rev 10/11