# 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 |  |

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