

Please complete and return to _____ by _____. Thank you for your cooperation.

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE

COMPREHENSIVE COUNSELOR'S REPORT

STUDENT'S NAME: _____ D.O.B: _____ GRADE: _____

Previous School Record (Include grades, test results, and attendance): _____

Student's perception of reason for referral: _____

Summary of counselor's contacts with students: _____

COUNSELOR'S PERCEPTION OF STUDENT

Academically: _____

Socially: _____

Intellectually: _____

Summary of findings: _____

Counselor's Signature

Date

School