**Academic Year \_\_\_\_ \_\_\_\_\_ Individual Counseling Record Form**

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| --- | --- | --- | --- |
| Name |  | Tutor |  |
| Student ID |  | Interview Date/Time |  |
| Interview Method | □In-person □Phone Interview □Messaging/Social Media □Email □其他Other：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Interview Topics | □Gender and Relationships□Family Communication □Interpersonal Relationships □Self-Development □Career Exploration□Physical and Mental Health □Life Adjustment □Academic Learning □Accommodation Adjustment □College Transition Counseling□Early Warning Counseling (Attendance) □Early Warning Counseling (Academic Performance)□Early Warning Counseling (Failed Chinese Proficiency Test) □Counseling for Leave of Absence/Withdrawal/Transfer □Other：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ※Interview Summary |
| Student Status | □The student’s condition is stable and there are no special circumstances.□Students are having problems, but they can currently handle them on their own. There is no immediate impact on their living and learning functions.□If students have problems that affect some of their life functions, the tutor can provide continuous care and follow-up.□Students who are in distress/crisis need to be referred to the International Education Department for intensive counseling. |
| ※Related attachments (such as FB or line screenshots) |

**Tutor's Signature：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:**

**1. Please submit this form to the International Studies Department Office for record keeping in the first week of each month after completing the previous month's records.**

**2. Students who need to be referred to the International Education Department for intensive counseling should inform the International Education Department Office on the day of counseling.**