

Lane Counseling

Drop-In Observation/Student Contact by _____ Date: _____

Student A	Counselor observed:	Counseling/Advising/Career/Crisis
Discussion:		
Major:		Referral resources provided:
Student Information:		
Conclusions:		

Student B	Counselor observed:	Counseling/Advising/Career/Crisis
Discussion:		
Major:		Referral resources provided:
Student Information:		
Conclusions:		

Student C	Counselor observed:	Counseling/Advising/Career/Crisis
Discussion:		
Major:		Referral resources provided:
Student Information:		
Conclusions:		