



This form is used to record the outcomes from an academic counselling session between a student and counsellor.

This counsellor may be one of the University’s student counsellors, a lecturer, a program director, or another member of University staff providing academic and learning support to a student.

This form is to be completed and kept by the student, together with all other documented intervention strategies.

An original copy should be lodged with the Partner Administration Office and a copy to be provided to the UniSA office to be held in the student’s file.

**Part A: Personal Details**

Student ID:

Mr/Miss/Ms/Mrs:  First name(s):

Family name:

Date of birth:  Contact No:

**Program Details:**

Program code:  Program title:

**Part B: To be completed by the student before meeting with a staff member**

**Question 1:** What do you think have been the main obstacles to your academic success?  
Note your ideas below to discuss at your appointment.


**Question 2:** What do you think can be done to manage or resolve these issues?  
Note your ideas below to discuss at your appointment.


**Part C: Action Plan - To be completed by staff member in consultation with the student**

Date/Time of interview:  Method/Location:




<b>Student Declaration</b>	
I confirm that: <ul style="list-style-type: none"><li>• the above is an accurate record of the issues discussed and the advice I have received during my academic counselling appointment</li><li>• I understand the advice I have received</li><li>• I have been provided with a copy of this Academic Counselling – Action Plan</li></ul>	
Student Signature:	Date:

  

<b>Academic Staff Member Declaration</b>	
I confirm that: <ul style="list-style-type: none"><li>• the above is an accurate record of the issues discussed and the advice I have provided during this academic counselling appointment</li><li>• the original copy of this completed form will be provided to the Partner Administration Office to be retained on the student's file within UniSA Office: Student and Academic Services (SAS)</li><li>• I have provided the student with a copy of this completed Academic Review – Action Plan</li></ul>	
Staff member's name:	
Staff member's position:	
Staff member's signature:	Date:

  

<b>OFFICE USE ONLY</b>	
<b>Partner Administration Office</b>	
Date received:	Date uploaded to Collaborate™:
<b>UniSA Office: Student and Academic Services (SAS)</b>	
Date received:	Date processed:
Received by:	Processed by: