

義守大學 Office Hours 紀錄表

Office Hours Counseling Record

教師姓名 Instructor's Name: _____

學生姓名 Student's Name:	學號 Student ID:	系所班別 Dept.& Class:	
輔導日期 Counseling Date : 年/Y 月/M 日/D 時/H 分/M		輔導地點 Counseling Location :	
輔導類別 Counseling Issues	<input type="checkbox"/> 課業 Schoolwork 課程名稱 Course Title(請填寫 Please fill in) : <input type="checkbox"/> 家庭 Family <input type="checkbox"/> 感情 Dating Issue <input type="checkbox"/> 升學 Further Study <input type="checkbox"/> 就業 Future Career <input type="checkbox"/> 經濟 Financial Condition <input type="checkbox"/> 住宿 School accommodation <input type="checkbox"/> 人際關係 Interpersonal Relationships <input type="checkbox"/> 性騷擾疑慮 Sexual Harassment <input type="checkbox"/> 性侵害疑慮 Sexual Assault <input type="checkbox"/> 自我傷害 Self-injury <input type="checkbox"/> 其他 Other :		
紀錄給予 Record Receiver	<input type="checkbox"/> 導師 Supervisor <input type="checkbox"/> 學生個人 The Student <input type="checkbox"/> 全班學生 Whole Class <input type="checkbox"/> 其他 Other :	已登錄系統 Document Filed Online	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
輔導內容 : Counseling content:			
處置方式 Counseling result : <input type="checkbox"/> 問題解決並結束此案 The problem has been resolved. <input type="checkbox"/> 約談同儕瞭解狀況 Contact the student's fellows for better understanding. <input type="checkbox"/> 聯繫家長關注 Contact the parents to be more concerned with their children. <input type="checkbox"/> 約定下次訪談持續輔導 Next Counseling Time has been arranged . <input type="checkbox"/> 轉介學生事務處諮商輔導組繼續輔導 The student has been transferred to the Guidance and Counseling Division for further counseling. <input type="checkbox"/> 協助就醫治療 Assist the student to receive medical treatment. <input type="checkbox"/> 陳報主任 Notify the department chairman of the counseling case <input type="checkbox"/> 其他 Other. 請說明 Please clarify :			

* 本表若不敷使用請自行影印，或至課務組網站「表單下載區」下載利用。

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