UNSATISFACTORY PERFORMANCE

Counselling Session Record Template

This template can be used to record unsatisfactory performance issues. It is intended to be a record of a counselling session and provides documentation that demonstrates the School's commitment to substantive and procedural fairness. This template is compliant with the process prescribed in the Behaviour Management and Child Protection Policy.

The Councillor should complete all sections where applicable.

CHILDS DETAILS		
NAME OF CHILD:	P/N:	YEAR:
DATE:	PH:	_
COUNSELLING DETAILS		
Type of Counselling	☐ First Counselling ☐ Second Counselling ☐ Third Counselling ☐ Optional Follow-up (First/ S (Please tick which counselling ses	Second/ Third) ssion this progress report relates to)
Date of Counselling		
Name of Councillor		
Class teachers Name (if applicable)		
Representative's Name (if applicable)		
SUMMARY OF UNSATISFACTORY PERFORMANC	E ISSUES TO BE DISCUSSE	D.
Detail below the main points of concern with the child's per		
DETAIL C.		
DETAILS:		

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DETAILS OF UNSATISFACTORY PERFORMANCE

Detail below the specific examples of unsatisfactory performance. This may include: previous discussions, concerns with behaviour, points for clarification, points of interest, complaints raised by peers.

If applicable, attach supporting documentation/evidence e.g. record of informal discussions, correspondence (memos, emails, and letters).

No.	Date	Details	Supporting Evidence e.g. Attachment A (if applicable)

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CHII	LDS COMMEN	15	
		given the option to make any comments/raise any mitigating circumstances in relation to the details of t mance, which can be recorded below.	the
	and Second Col pt of the counse	unselling sessions only - The class teacher may provide a written response within 10-working days from l.	n the date of
	and Second Coo	unselling Sessions only - Ensure a Follow-up Session is scheduled to review the response and finalise ement Plan.	the
DET	AILS:		
* CC	UNCILLORS	COMMENTS	
		vish to respond to the class teachers comments, which can be recorded below.	
DET	AILS:		
* PE	RFORMANCE	IMPROVEMENT PLAN	
		e specific actions required to rectify the unsatisfactory performance e.g. undergo training programs, pr ces, behaviour modifications, set projects or tasks, mediation meetings, counselling.	ovide medical
No.	Date	Details	By When

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NEXT STEPS IN THE PROCESS	
DETAILS:	
ANY OTHER RELEVANT INFORMATION	
E.g. staff member/supervisor on leave, constraints to process.	
DETAILS:	
DATE OF MENT MEETING/END OF OURDENT REDECTIVE	
DATE OF NEXT MEETING/END OF CURRENT PERFORM	IANCE REVIEW PERIOD (IF APPLICABLE)
Purpose of Meeting e.g. Interim Progress, Second/ Third Counselling	Date Time
Purpose of Meeting e.g. Interim Progress,	
Purpose of Meeting e.g. Interim Progress, Second/ Third Counselling Location	
Purpose of Meeting e.g. Interim Progress, Second/ Third Counselling	Date Time Child
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