Emergency Medical Services
Education Department

Student Coaching & Counseling Reply

Must be completed and returned to the issuing instructor the next class meeting.

Student Name: _____ **Date:** _____

My perception of the problem:

_____

My awareness of the seriousness of the problem:

_____

Steps I will implement to correct the problem:

_____

Students Signature _____

Instructor Signature _____

Educational Coordinator Signature _____

This form is due by the next class period or within three days of issuance of the Emergency Medical Services Education Student Coaching & Counseling form.

Program Director notified: yes ☐ no ☐

Distribution: Student/Student's File

Student Coaching & Counseling Form

The instructor issuing coaching and counseling notifications must submit the proper KCC Retention Alert prior to any actions taken.

Instructor Notice to Student: ☐ **Verbal** ☐ **Written** ☐ **Critical**

Student Name: _____ **Date:** _____

Warning issued for:

The seriousness of the problem:

Action:

Notes:

Students Signature_____

Instructor Issuing Signature_____

Educational Coordinator Signature_____

Date:_____

Director Notified: yes☐ no☐

Distribution: Student/Student's File

Enclosure: