|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 学生预约咨询登记表 | | | | | | | | | | | | | | | | | |
| 姓名 | | |  | | | | 年班级 | |  | | | | 年龄 | | |  | |
| 性别 |  | | 民族 |  | | 学生电话 | | |  | | | 是否独生子女 | | | | |  |
| 是否主动来访 | | |  | | | 有无咨询史 | | |  | 辅导员电话 | | | |  | | | |
| 学生概况及需求 | | 如对咨询师有要求请在此栏说明 | | | | | | | | | | | | | | | |
| 预约时间  （√，可多选） | | | 周一 | | 周二 | | | 周三 | | | 周四 | | | | 周五 | | |
| 10:00-11:00 | | |  | |  | | |  | | |  | | | |  | | |
| 11:00-12:00 | | |  | |  | | |  | | |  | | | |  | | |
| 12:00-13:00 | | |  | |  | | |  | | |  | | | |  | | |
| 16:00-17:00 | | |  | |  | | |  | | |  | | | |  | | |
| 17:00-18:00 | | |  | |  | | |  | | |  | | | |  | | |
| 18:00-19:00 | | |  | |  | | |  | | |  | | | |  | | |
| 以下由工作人员填写 | | | | | | | | | | | | | | | | | |
| 咨询时间 | | |  | | | | | 登记 | | | 登记人： | | | |  | | |
| 咨询老师 | | |  | | | | | 日期： | | | |  | | |
| 记录 | | | （电话或短信通知时间记录；迟到；失约等情况） | | | | | | | | | | | | | | |