

Guidance Review Card

Students' Name _____ OSIS ID # _____ Date of Birth _____ Male: _____ Female: _____
Last First Middle

Parent's/Guardian's Name _____

Address: _____

Home Telephone # _____

Address: _____

Home Telephone # _____

Address: _____

Home Telephone # _____

School/Borough			
School Year			
Grade/Class			
Reading Level			
Math Level			
Academic Progress	Satisfactory _____ Other (Specify) _____ _____ _____ _____	Satisfactory _____ Other (Specify) _____ _____ _____ _____	Satisfactory _____ Other (Specify) _____ _____ _____ _____
Career Goals	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
School Strategies for Developing Career Goals	Interview _____ Interest Inventory _____ Group/Class Discussion _____ Other (Specify) _____ _____ _____ _____	Interview _____ Interest Inventory _____ Group/Class Discussion _____ Other (Specify) _____ _____ _____ _____	Interview _____ Interest Inventory _____ Group/Class Discussion _____ Other (Specify) _____ _____ _____ _____
Areas of Concentration (High Schools) Special Interests (Elem. & JHS)	_____ _____ _____	_____ _____ _____	_____ _____ _____
Parent Involvement	Yes _____ No _____ Type _____ (e.g. Interview, Phone, Group Meeting)	Yes _____ No _____ Type _____ (e.g. Interview, Phone, Group Meeting)	Yes _____ No _____ Type _____ (e.g. Interview, Phone, Group Meeting)
Comments:			
Counselor's Signature			
Date			

Guidance Review Card

Students' Name _____
 Last First Middle

School/Borough			
School Year			
Grade/Class			
Reading Level			
Math Level			
Academic Progress	Satisfactory _____ Other (Specify) _____ _____ _____ _____	Satisfactory _____ Other (Specify) _____ _____ _____ _____	Satisfactory _____ Other (Specify) _____ _____ _____ _____
Career Goals	_____ _____ _____	_____ _____ _____	_____ _____ _____
School Strategies for Developing Career Goals	Interview _____ Interest Inventory _____ Group/Class Discussion _____ Other (Specify) _____ _____ _____ _____	Interview _____ Interest Inventory _____ Group/Class Discussion _____ Other (Specify) _____ _____ _____ _____	Interview _____ Interest Inventory _____ Group/Class Discussion _____ Other (Specify) _____ _____ _____ _____
Areas of Concentration (High Schools) Special Interests (Elem. & JHS)	_____ _____ _____	_____ _____ _____	_____ _____ _____
Parent Involvement	Yes _____ No _____ Type _____ (e.g. Interview, Phone, Group Meeting)	Yes _____ No _____ Type _____ (e.g. Interview, Phone, Group Meeting)	Yes _____ No _____ Type _____ (e.g. Interview, Phone, Group Meeting)
Comments:			
Counselor's Signature			
Date			