義守大學 **Office Hours**紀錄表

Office Hours Counseling Record

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| --- | --- | --- | --- | --- | --- | --- |
| 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 | □課業Schoolwork 課程名稱Course Title(請填寫Please fill in)： □家庭Family □感情Dating Issue □升學Further Study □就業Future Career  □經濟Financial Condition □住宿School accommodation □人際關係 Interpersonal Relationships □性騷擾疑慮 Sexual Harassment □性侵害疑慮 Sexual Assault □自我傷害 Self-injury □其他Other： | | | | | |
| 紀錄給予  Record Receiver | □導師Supervisor □學生個人 The Student □全班學生 Whole Class □其他Other： | | | 已登錄系統  Document Filed Online | | □是Yes □否No |
| 輔導內容：  Counseling content: | | | | | | |
| 處置方式Counseling result：  □問題解決並結束此案 The problem has been resolved.  □約談同儕瞭解狀況 Contact the student’s fellows for better understanding.  □聯繫家長關注 Contact the parents to be more concerned with their children.  □約定下次訪談持續輔導 Next Counseling Time has been arranged .  □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.  □協助就醫治療 Assist the student to receive medical treatment.  □陳報主任 Notify the department chairman of the counseling case  □其他 Other. 請說明Please clarify： | | | | | | |

教師姓名Instructor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 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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