

Student Counseling Sheet
NDSTC 1600/3

Name:		Rate:	Date:
Class Number:		Grade:	
Type/Reason For Counseling			
Academic Practical Physical Military Behavior		State the Student's Deficiency:	
Personal Problems? Y / N	Adequate Instruction? Y / N	How Study? Alone/Group/Both	
Medical Problems? Y / N	Adequate Study? Y / N	Financial Problems? Y / N	
Enough Sleep? Y / N	Attend Night Study? Y / N	Alcohol/Drug Problem? Y / N	
Amplification:			
Counselor Remarks:			
Student Remarks:			
Team Recommendation:			
Signature of Student: _____			
Signature of Counselor: _____			

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Master Diver/Master EOD Tech Interview Results and Recommendation:

Signature/Date: _____

Division Officer Interview Results and Recommendation:

Signature/Date: _____

Commanding Officer (for initial setback only):

Initial Setback - Approved / Disapproved

Signature/Date: _____