

EOPS COUNSELING APPOINTMENT VERIFICATION FORM

Today's Date _____

I, _____ had a counseling appointment with
(Counselor's Name)

_____ SID # _____
(Student's Name)

on _____.
(Date of appointment)

Counselor's Signature

(Please note that the EOPS office cannot give credit for 'drop-in' appointments. The student must have attended a regularly scheduled appointment in order for it to be accepted by EOPS.)

**** Please attach a copy of your counseling notes to this form and submit them to the EOPS Office along with any documents you prepared for the student. This will help assist us with the accurate file keeping of our EOPS students with whom you have met.