

Employee Counseling Assessment Form

Employee details

Counseling Date:	
Employee's Full Name:	
Job Title:	
Employer:	
Location:	

Reason for Referral/Incident Details

Provide details of why the employee has been referred for counseling:

For example:

- Attendance
- Teamwork
- Inappropriate dress
- Violence
- Prejudicial behavior/inappropriate bias
- Behavior
- Safety violation
- Poor or substandard work
- Inappropriate language

Incident date/time:

Incident location:

Description of the incident:

Names of witnesses:

Employee remarks:

Any corrective actions:

Consequences of failure to improve:

This form intends to direct the employee onto a successful path in the workplace.

It is important to make immediate and sustained improvement, and the employee should be made aware that failure to do so could result in further disciplinary action, up to and including termination of employment.

Employee's Signature	Date
Supervisor's Signature	Date
Director's Signature	Date

Dr. Jeremy Sutton