ข้าพเจ้านาย/นางสาว...............................................................นักเรียน/นักศึกษาระดับชั้น.......................

แผนกวิชา..........................................................ครูที่ปรึกษา.......................................................................................

มาพบครูที่ปรึกษาโดย ( ) ถูกแนะนำมา ( ) มาพบเอง โทร.........................................................................................

**คป.04**

**แบบบันทึกการให้คำแนะนำ/การแก้ปัญหา (โดยตรง)**

ครั้งที่..............วัน........................เดือน...............................พ.ศ...........................

เวลา..........................น. ถึง เวลา............................................น.

|  |  |  |
| --- | --- | --- |
| **ปัญหา** | **การแก้ไข/ให้คำแนะนำ** | **ผลที่คาดว่าจะได้รับ** |
| .............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. | .......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ |

ลงชื่อ.....................................................นักเรียน/นักศึกษา (..........................................................................)

ลงชื่อ....................................................ผู้ให้คำแนะนำ

(..........................................................................)

**แบบบันทึกการให้คำแนะนำ/การแก้ปัญหาทางโทรศัพท์ (โดยตรง)**

ครั้งที่..............วัน........................เดือน...............................พ.ศ...........................

ผู้ขอรับคำแนะนำ

 ( ) นาย/นาง/นางสาว.............................................................................นักศึกษา ระดับชั้น....................

 แผนกวิชา...........................................................................................โทร............................................

 ( ) นาย/นาง/นางสาว..............................................................................ผู้ปกครองของ

 นาย/นางสาว.....................................................................................นักศึกษา ระดับชั้น....................

 แผนกวิชา...........................................................................................โทร............................................

เวลา..........................น. ถึง เวลา............................................น.

**คป.05**

|  |  |  |
| --- | --- | --- |
| **ปัญหา** | **การแก้ไข/ให้คำแนะนำ** | **ผลที่คาดว่าจะได้รับ** |
| ..................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | ................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | ............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... |

ลงชื่อ....................................................ผู้ให้คำแนะนำ

(..........................................................................)

**แบบบันทึกการพบผู้ปกครอง**

**ครั้งที่..............วัน........................เดือน...............................พ.ศ...........................**

**เวลา..........................น. ถึง เวลา............................................น.**

ข้าพเจ้านาย/นางสาว............................................................................................................ผู้ปกครอง

ของนาย/นางสาว...............................................................................นักเรียน/นักศึกษาระดับชั้น.................................

แผนกวิชา..........................................................ครูที่ปรึกษา...........................................................................................

มาพบครูที่ปรึกษาโดย ( ) ถูกแนะนำมา ( ) มาพบเอง โทร.............................................................................................

|  |  |  |
| --- | --- | --- |
| **ปัญหา** | **การแก้ไข/ให้คำแนะนำ** | **ผลที่คาดว่าจะได้รับ** |

**คป.08**

ลงชื่อ...........................................ผู้ปกครอง

 (.........................................................)

|  |  |  |
| --- | --- | --- |
| .............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................. | .......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................... | ........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................ |

ลงชื่อ.....................................................นักเรียน/นักศึกษา (..........................................................................)

ลงชื่อ....................................................ผู้ให้คำแนะนำ

(..........................................................................)