**臺灣科技大學導師輔導學生紀錄表**

**National Taiwan University of Science and Technology   
Advisor–Student Counseling Record Form**

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| **〈導生基本資料 〉Student Basic Information**  學生學號/ Student ID：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 姓名/ Name：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  性別Gender：□男Male □女Female  系所College & Department： \_\_\_\_\_\_\_\_\_\_\_學院College \_\_\_\_\_\_\_\_\_\_\_系/所 Department  年級Grade：□大一Freshman □大二Sophomore □大三Junior □大四Senior  　　　　　 □碩士Master □博士Doctoral  電話Phone Number.：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**【第一次會談**First Meeting】

**日期/**Date**：**\_\_\_\_\_\_\_年(Year)\_\_\_\_\_\_\_\_月(Month)\_\_\_\_\_\_日(Day) **導師/ Advisor：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（簽名/ Signature）

1. **住宿狀況 / Accommodation Status**

□家中/ Living at home

□學校宿舍/ University dormitory

□租屋或住親友家（學生戶籍為\_\_\_\_\_\_\_\_縣 市 \_\_\_\_\_\_\_\_鄉 鎮 市）/ Rental housing or living with relatives/friends (Household registration in: \_\_\_\_\_ County / City, \_\_\_\_\_ Township / City)

**二、求學背景/ Educational Background**

□ \_\_\_\_\_\_\_\_\_\_高職\_\_\_\_\_\_科畢業/ Graduated from \_\_\_\_\_\_\_\_ Vocational High School, Department of \_\_\_\_\_\_\_\_

□ \_\_\_\_\_\_\_\_\_\_高中/ Graduated from \_\_\_\_\_\_\_\_ Senior High School

□ \_\_\_\_\_\_\_\_\_\_技職學院/科大/ Graduated from \_\_\_\_\_\_\_\_ Technical/Science University, Department of \_\_\_\_\_\_\_\_

**三、學習現況/ Current Study Situation**

□目前系（所）合乎自己的志趣 / Current department/program matches my interests.

□目前系（所）不合乎自己的志趣，但會完成它 / Current department/program does not match my interests, but I will complete it.

□目前系（所）不是自己的志趣，所以打算轉換系（所）/ Current department/program does not match my interests, and I plan to transfer.

**四、學習困擾/ Learning Difficulties**

□大部分科目都可以適應，無特別困擾 / Adapt to most courses without major difficulties.

□少數科目覺得較為吃力，需要協助 / Some courses are challenging and require assistance.

□一半左右科目覺得跟不上，不知如何改善 / About half of the courses are difficult to keep up with; unsure how to improve.

**五、生涯規劃 / Career Planning**

□畢業後預定先升學/ Plan to pursue further studies after graduation

□畢業後預定先服兵役/ Plan to serve in the military after graduation

□畢業後預定先就業/ Plan to enter the workforce after graduation

□目前還沒有具體規劃/ No concrete plan at the moment

**六、生活適應 / Adaptation to Daily Life**

□大致可以適應，無特別困擾/ Generally adapting well without major difficulties.

□食（或衣住行）等有些部分較為困擾/ Some difficulties in daily needs (food, clothing, housing, transportation).

□生活上有不少事情變化太大，目前還難以適應/ Significant life changes make adaptation difficult at present.

**七、人際關係 / Interpersonal Relationships**

□有一群好朋友互相支持/ Have a supportive group of friends.

□朋友雖不多，但需要時會有人伸出援手。/ Few friends, but receive help when needed.

□不想交或交不到什麼朋友。/ Do not want or are unable to make friends.

**八、需要的協助--學生的表達（可複選）/ Assistance Needed — Student’s Input(multiple-**

**choice)**

□考試焦慮/ Test anxiety

□時間管理/ Time management

□選課輔導/ Course selection guidance

□轉系輔導/ Department transfer counseling

□職業資訊/ Career information

□打工資訊/ Part-time job information

□擔心退學（二一）/ Concern about academic dismissal

□生涯興趣探索/ Career interest exploration

□重大疾病或受傷/ Major illness or injury

□其他/ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**九、需要的協助--導師的觀察（可複選）/ Assistance Needed — Advisor’s Observation (multiple-**

**choice)**

□壓力管理/ Stress management

□讀書方法/ Study methods

□缺曠課過多/ Excessive absences

□被同儕排擠/ Peer rejection

□男女情感問題/ Romantic relationship issues

□不清楚自己未來的目標/ Unclear future goals

□容易與人衝突/ Prone to conflict with others

□缺乏自信/ Lack of self-confidence

□情緒不穩定/ Emotional instability

□家庭發生問題/ Family problems

□經濟壓力/ Financial pressure

□重大疾病或受傷/ Major illness or injury

□其他/ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**【附註】**

如有下述狀況：1.疑似精神疾病 2.有自我傷害或自殺可能 3.領有身心障礙手冊，需學務處諮輔組協助者，請導師先請學生前來約談，或請導師另填「個案轉介單」(歡迎電話詢問，分機：1236或1286找江彥陵或李琇婷心理師)。諮輔組會將轉介後之輔導狀況向導師回報。如有後續會談，請由下列表單續填。謝謝您﹗

**Note** If your student shows signs of suspected mental illness, self-harm or suicidal risk, or possesses a disability identification card and requires assistance from the Counseling Section of the Office of Student Affairs, please first invite the student for a counseling session, or fill out the “Student Referral Form” to inform us of the situation. (For inquiries regarding the referral form, you are welcome to contact Psychologist Li, Hsiu-Ting at extension 1286.) The Counseling Section will provide feedback to the advisor regarding the follow-up counseling progress.

If you continue to have further sessions with the student, please proceed to fill out the following sections of this form. Thank you for your dedication and care for the student. We believe that your guidance and support will serve as an important direction and a meaningful moment in the student’s life journey.

**【第二次會談簡述Second meeting brief description】**

日期/Date：\_\_\_\_\_\_年(Year)\_\_\_\_\_\_\_月(Month)\_\_\_\_\_日(Day)

導師/ Advisor：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（簽名/ Signature）

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**【第三次會談簡述Third meeting brief description 】**

日期/Date：\_\_\_\_\_\_年(Year)\_\_\_\_\_\_\_月(Month)\_\_\_\_\_日(Day)

導師/ Advisor：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（簽名/ Signature）

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**【第四次會談簡述Fourth meeting brief description】**

日期/Date：\_\_\_\_\_\_年(Year)\_\_\_\_\_\_\_月(Month)\_\_\_\_\_日(Day)

導師/ Advisor：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（簽名/ Signature）

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＊請自行影印使用/ \*Please copy this form for use as needed.\*