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| 名 称 | | |  | | | | | | | | | | | | | | | |
| 立项建设时间 | | |  | | | | | | | | | | | | | | | |
| 服务对象 | | |  | | | | | | | | | | | | | | | |
| 主管 | | | 姓 名 | | | |  | | 性别 | | |  | | | 出生年月 | | |  |
| 专业技术  职称/职级 | | | |  | | 校内行政级别 | | | | | |  | | | |
| 是否辅导站  专职人员 | | | |  | | 是否心理健康教育专业人员 | | | | | |  | | | |
| 专业职能与职责 | | | |  | | | | | | | | | | | |
| 专业背景及受训经历 | | | |  | | | | | | | | | | | |
| 立项建设后，加强心理健康教育管理体制和运行机制建设以及心理教育资源聚集协同的举措与效果 | | | | | | |  | | | | | | | | | | | |
| 心理健康教育专职教师配备情况（截至填报时间） | | | | | | | | | | | | | | | | | | |
| 专职教师人数 | | | | |  | | | 系部全日制在校本、  专科生人数 | | |  | | | 专职教师与学生比例 | | |  | |
| 专职教师姓名 | | 性别 | | 出生年月 | | 职称/职级 | | | | 工作年限 | | | 专业背景及资质 | | | | 手  机 | |
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| 以上专职教师是否均有从事心理咨询或危机干预的档案记录 | | | | | | | | | | | | |  | | | | | |
| 是否有专业人员开展个案心理咨询、团体辅导或专题工作坊 | | | | | | | | | | | | | | | |  | | |
| 是否有接待学生咨询或访谈？ | | | | | | | | | | | | | | | |  | | |
| 是否举办各类心理健康教育活动？ | | | | | | | | | | | | | | | |  | | |
| 是否组建系部心理委员会或相关学生组织？ | | | | | | | | | | | | | | | |  | | |
| 立项建设总体情况自评 | | | | | | | | | | | | | | | | | | |
| 辅导站主管意见 | 签名：                     年 　月 　日 | | | | | | | | | | | | | | | | | |
| 系部主管  意见 | 签名：                           年 　月 　日 | | | | | | | | | | | | | | | | | |

附件2