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| **呼和浩特职业学院心理健康问题重点关注学生情况登记表**  **（请注意保密）**  学院（签章）： 日期： 联络人： 学院签章：   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓名 |  | | | 性别 |  | 班级 | |  | | 联系方式 |  | | 辅导员  及联系电话 | | |  | | | | 家庭地址  或联系方式 | |  | | | | 属于哪类问题 | | | | | | | | | | | | | 基本情况和近期表现说明 | | | | | | | | | | | | | 姓名 |  | | | 性别 |  | 班级 | |  | | 联系方式 |  | | 辅导员  及联系电话 | |  | | | | | 家庭地址  或联系方式 | |  | | | | 属于哪类问题 | | | | | | | | | | | | | 基本情况说明 | | | | | | | | | | | | | 姓名 |  | | | 性别 |  | 班级 | |  | | 联系方式 |  | | 辅导员  及联系电话 | |  | | | | | 家庭地址  或联系方式 | |  | | | | 属于哪类问题 | | | | | | | | | | | | | 基本情况说明 | | | | | | | | | | | | |