



STUDENT COUNSELLING RECORD

MATERIALS ENGINEERING DEPARTMENT

Date & Time: _____

Student Name(s) & Roll No(s): _____

STATUS: *NORMAL* *CRITICAL* *URGENT*

Confidentiality? Yes No

Referral by:

- Self name _____
 Teacher name _____
 Administrator name _____
 Parent name _____
 Other name _____

AREA OF CONCERN:

Academic

- Attendance Course change/timetable Study difficulties Subject area concern
 Scholarships Other _____

Career

- Making a career/educational choice Resume writing Portfolio

Personal

- Stress Friendship Social/emotional
 Finances/money Health Conflict resolution
 Self-esteem Home relations Mental health

Other

Further actions to be taken:

- Counselor him/herself Forwarded to Chairman Third party attention Other _____

COMMENTS BY COUNSELOR _____

Academic Counselor

C1	C2	C3	C4	C5
C6	C7	C8	C9	C10

(Please check the relevant box)

Department of Materials Engineering