**VallalP.T.Lee CHENGALVARAYA NAICKER**

**ARTS & SCIENCE COLLEGE**

(Affiliated to University of Madras)

No.5/1, General Collins Road, Choolai, Chennai- 600 112.

(Vepery CNT Campus)





**Student’s Mentoring Book**

# List of Student

**AcademicYear:20 Semester:\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **S.No.** | **Name of Student** |  **Information of Student** | **Information of Parent** |
| **Mobile Number** | **Email ID** | **Mobile Number** | **Address for correspondence** |
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Name and Sign of Mentor:



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**Student’s Mentoring Book** Date: / /20

# Information of Parents

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Name of Parent** | **Email ID** | **Job Details** |
| **Employed / Self Employed** | **Name of Organization** | **Designation** |
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 **S*tudent’s Mentoring Book*** *Date: / /20*



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# *Student’s Meeting Report*

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Name of Student** |  **Sign of Student** |
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Name and Sign of Mentor: Name and Sign of Class incharge :

Sign of HoD: \_\_\_\_\_\_\_\_\_\_\_ Sign of Principal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Student’s Mentoring Book** Date: / /20

# Phone call Report

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name of Student** | **Register No.** | **Date of Calling** | **Time of Calling** | **Details of Discussion with parent** | **Remark (If any)** |
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Name and Sign of Mentor: Nameand Sign of Class incharge:

Sign of HoD:

**Student’s Mentoring Book** Date: / /20

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**Personal Counseling Report (studentwise)**

**Name of Student: Reg Number: \_\_\_\_\_\_\_\_\_\_**

 **Attendance (%):**

**Description of issue:**

|  |  |  |
| --- | --- | --- |
| **Issue Related To** | **: (Tick appropriate)** |  |
|  **Family issue** |  **Financial issue** |  **Medical issue** |  **Personal issue** |  **Habit issue** |

**Key Points of counseling:**

Name and Sign of Mentor: Name and Sign of Class incharge

 Sign of HoD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign of Principal \_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Mentoring Book** Date: / /20

# Disciplinary Issue Report

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| --- | --- | --- | --- | --- | --- | --- |
| S.No. | RollNumber |  Date | Name of Student | Disciplinary Issue | ActionTaken | Sign ofstudent |
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Name and Sign of Mentor: Name and Sign of Class Teacher

Sign of HoD: