



# **Mentor Interaction Register**

**Name of the Tutor Mentor**

**Group Assigned**

**"Mentoring the young students is the noblest thing to do.**

**With compassion and nurturing, the young minds can flourish to reach the pinnacle of their target in life."**

## GUIDELINES FOR TUTOR-MENTORS

- ❖ Each of the Tutor Mentor is expected to interact with at least 5 mentees daily (either in group or individually) in a free atmosphere (like hostel/at the chamber of the mentor) during a time when the mentee will be free from all obligations and can freely interact with the mentor. The meeting should not be held in a classroom or during the class timing of the mentee(s).
- ❖ The issues that a mentee would like to share with his/her mentor generally can be divided into 5 broad categories; i.e.
  - Emotional (issues relating to anyone in family/friends or a person whom he/she gives the utmost importance, quarrel/misunderstandings, money, recent happenings etc),
  - Academics (regarding status of classes, attendance, course progress, understanding the subjects of study, registration, marks etc),
  - Disciplinary (altercations/fights, threats, bunking, fines, complaint from the hostel/teachers etc),
  - Grievances (regarding any problem faced by the student during and/or after the classes which may not be addressed properly) and
  - Any other issue(s) not coming under the above categories.
- ❖ The Tutor-Mentor is expected to discuss the issues in details and prepare a summary of the discussions and advice/referral for record. It will help the Mentor during subsequent follow ups and also to understand the individual mentee in a better way.
- ❖ It is also expected that the Tutor Mentor will follow up the matter with the concerned mentee at least once and prepare a report of the follow up. In case the issue involving the mentee is not over, there may be a requirement to discuss further and a second follow up visit.
- ❖ Apart from individual sittings, the Tutor Mentor is expected to sit with a group of students (maximum 10 in numbers) to interact and know the group issues. These sittings will basically a chit chat with the student mentees and to identify the mentee who may need an individual sitting.
- ❖ This register is meant to record the interaction between the mentee and mentor.

## *Interaction Sheet-1 (1): Mentees in a Group*

Date: ..... Location: ..... Time: .....

### Details of the Mentees:

S. I.	Name	Roll No	Branch	Hostel/Day Scholar	Contact Number & E-mail ID

### Discussion on issues relating to Academics:

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### Discussion on issues relating to any other matter:

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### Mentees identified for individual counselling/discussion:

S. I.	Name	Roll No	Matter	Date fixed for interaction

## Interaction Sheet-2 (1): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (2): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (3): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (4): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**



## Interaction Sheet-2 (5): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-3.1 (1): Counselling & for Case Study

**Date:** ..... **Location:** ..... **Time:** .....

**Name of the Mentee:** .....

**Group/Section:** ..... **Branch:** ..... **Roll:** .....

### Background of the study

#### Specific area in which the student is affected

Diversion from studies	<input type="checkbox"/>	Family problem	<input type="checkbox"/>	Friendship issues	<input type="checkbox"/>	Poor Health conditions	<input type="checkbox"/>	Fear of academics	<input type="checkbox"/>
Lack of Adaptability	<input type="checkbox"/>	Personal issues	<input type="checkbox"/>	Depression issues	<input type="checkbox"/>	Behavioral issues	<input type="checkbox"/>	Any Other issue	<input type="checkbox"/>

#### Brief summary of background of the case before counselling:

#### Steps initiated by the Tutor-Mentor for the mentee:

**1.0. Was the case referred to a specialist for further investigation?** Yes  No

- a. To whom it was referred?  
.....
- b. What was the result - post-investigation and treatment (if any)?  
.....

**2.0. Was there any effort made by the Mentor himself to solve the issue?** Yes  No

- a. What was the effort made? Has the Tutor-Mentor spent some time with the mentee to discuss the issue?  
.....
- b. Developments after the effort?  
.....

**3.0. Whether some external intervention (family/friends etc) was required?** Yes  No

- a. Whose help/intervention was taken? Whether the mentor involved other teachers/students/family members?  
.....
- b. What was the result - post-intervention?  
.....

**4.0. Was there any tendency of severe depression marked in the mentee?** Yes  No

- a. Since when the mentee started showing this depression? Is there any specific reason behind that?  
.....
- b. What was the step taken by the Tutor-Mentor to make him/her overcome the depression?  
.....

## **Interaction Sheet-3.2 (1): Counselling & for Case Study**

**Brief summary of the counselling process and result thereof:**

**Comments by the Tutor-Mentor after the counselling process:**

**5.0. If the case qualify to be a case study for future references? If yes, why?**

**6.0. What is the best thing about the support provided by the Mentor?**

**7.0. Concluding Remarks by the Tutor-Mentor (if any).**

**8.0. Remarks by the Mentee regarding the process and efforts of the Tutor-Mentor.**

## ***Interaction Sheet-1 (2): Mentees in a Group***

Date: ..... Location: ..... Time: .....

### **Details of the Mentees:**

S. I.	Name	Roll No	Branch	Hostel/Day Scholar	Contact Number & E-mail ID

### **Discussion on issues relating to Academics:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### **Discussion on issues relating to any other matter:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### **Mentees identified for individual counselling/discussion:**

S. I.	Name	Roll No	Matter	Date fixed for interaction

## Interaction Sheet-2 (6): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (7): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (8): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (9): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**



## Interaction Sheet-2 (10): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

**Interaction Sheet-3.1 (2): Counselling & for Case Study**

**Date:** ..... **Location:** ..... **Time:** .....

**Name of the Mentee:** .....

**Group/Section:** ..... **Branch:** ..... **Roll:** .....

**Background of the study**

**Specific area in which the student is affected**

Diversion from studies	<input type="checkbox"/>	Family problem	<input type="checkbox"/>	Friendship issues	<input type="checkbox"/>	Poor Health conditions	<input type="checkbox"/>	Fear of academics	<input type="checkbox"/>
Lack of Adaptability	<input type="checkbox"/>	Personal issues	<input type="checkbox"/>	Depression issues	<input type="checkbox"/>	Behavioral issues	<input type="checkbox"/>	Any Other issue	<input type="checkbox"/>

**Brief summary of background of the case before counselling:**

**Steps initiated by the Tutor-Mentor for the mentee:**

**1.0. Was the case referred to a specialist for further investigation?** Yes  No

a. To whom it was referred?

.....

b. What was the result - post-investigation and treatment (if any)?

.....

**2.0. Was there any effort made by the Mentor himself to solve the issue?** Yes  No

a. What was the effort made? Has the Tutor-Mentor spent some time with the mentee to discuss the issue?

.....

b. Developments after the effort?

.....

**3.0. Whether some external intervention (family/friends etc) was required?** Yes  No

a. Whose help/intervention was taken? Whether the mentor involved other teachers/students/family members?

.....

b. What was the result - post-intervention?

.....

**4.0. Was there any tendency of severe depression marked in the mentee?** Yes  No

a. Since when the mentee started showing this depression? Is there any specific reason behind that?

.....

b. What was the step taken by the Tutor-Mentor to make him/her overcome the depression?

.....

## **Interaction Sheet-3.2 (2): Counselling & for Case Study**

**Brief summary of the counselling process and result thereof:**

**Comments by the Tutor-Mentor after the counselling process:**

**5.0. If the case qualify to be a case study for future references? If yes, why?**

**6.0. What is the best thing about the support provided by the Mentor?**

**7.0. Concluding Remarks by the Tutor-Mentor (if any).**

**8.0. Remarks by the Mentee regarding the process and efforts of the Tutor-Mentor.**

## ***Interaction Sheet-1 (3): Mentees in a Group***

Date: ..... Location: ..... Time: .....

### **Details of the Mentees:**

S. I.	Name	Roll No	Branch	Hostel/Day Scholar	Contact Number & E-mail ID

### **Discussion on issues relating to Academics:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### **Discussion on issues relating to any other matter:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### **Mentees identified for individual counselling/discussion:**

S. I.	Name	Roll No	Matter	Date fixed for interaction

## Interaction Sheet-2 (11): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (12): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (13): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (14): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**



## Interaction Sheet-2 (15): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

**Interaction Sheet-3.1 (3): Counselling & for Case Study**

**Date:** ..... **Location:** ..... **Time:** .....

**Name of the Mentee:** .....

**Group/Section:** ..... **Branch:** ..... **Roll:** .....

**Background of the study**

**Specific area in which the student is affected**

- |                        |                          |                 |                          |                   |                          |                        |                          |                   |                          |
|------------------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|------------------------|--------------------------|-------------------|--------------------------|
| Diversion from studies | <input type="checkbox"/> | Family problem  | <input type="checkbox"/> | Friendship issues | <input type="checkbox"/> | Poor Health conditions | <input type="checkbox"/> | Fear of academics | <input type="checkbox"/> |
| Lack of Adaptability   | <input type="checkbox"/> | Personal issues | <input type="checkbox"/> | Depression issues | <input type="checkbox"/> | Behavioral issues      | <input type="checkbox"/> | Any Other issue   | <input type="checkbox"/> |

**Brief summary of background of the case before counselling:**

**Steps initiated by the Tutor-Mentor for the mentee:**

**1.0. Was the case referred to a specialist for further investigation?** Yes  No

a. To whom it was referred?

.....

b. What was the result - post-investigation and treatment (if any)?

.....

**2.0. Was there any effort made by the Mentor himself to solve the issue?** Yes  No

a. What was the effort made? Has the Tutor-Mentor spent some time with the mentee to discuss the issue?

.....

b. Developments after the effort?

.....

**3.0. Whether some external intervention (family/friends etc) was required?** Yes  No

a. Whose help/intervention was taken? Whether the mentor involved other teachers/students/family members?

.....

b. What was the result - post-intervention?

.....

**4.0. Was there any tendency of severe depression marked in the mentee?** Yes  No

a. Since when the mentee started showing this depression? Is there any specific reason behind that?

.....

b. What was the step taken by the Tutor-Mentor to make him/her overcome the depression?

.....

## **Interaction Sheet-3.2 (3): Counselling & for Case Study**

**Brief summary of the counselling process and result thereof:**

**Comments by the Tutor-Mentor after the counselling process:**

**5.0. If the case qualify to be a case study for future references? If yes, why?**

**6.0. What is the best thing about the support provided by the Mentor?**

**7.0. Concluding Remarks by the Tutor-Mentor (if any).**

**8.0. Remarks by the Mentee regarding the process and efforts of the Tutor-Mentor.**

## *Interaction Sheet-1 (4): Mentees in a Group*

Date: ..... Location: ..... Time: .....

### Details of the Mentees:

S. I.	Name	Roll No	Branch	Hostel/Day Scholar	Contact Number & E-mail ID

### Discussion on issues relating to Academics:

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### Discussion on issues relating to any other matter:

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### Mentees identified for individual counselling/discussion:

S. I.	Name	Roll No	Matter	Date fixed for interaction

## Interaction Sheet-2 (16): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (17): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (18): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (19): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**



## Interaction Sheet-2 (20): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

**Interaction Sheet-3.1 (4): Counselling & for Case Study**

**Date:** ..... **Location:** ..... **Time:** .....

**Name of the Mentee:** .....

**Group/Section:** ..... **Branch:** ..... **Roll:** .....

**Background of the study**

**Specific area in which the student is affected**

- |                        |                          |                 |                          |                   |                          |                        |                          |                   |                          |
|------------------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|------------------------|--------------------------|-------------------|--------------------------|
| Diversion from studies | <input type="checkbox"/> | Family problem  | <input type="checkbox"/> | Friendship issues | <input type="checkbox"/> | Poor Health conditions | <input type="checkbox"/> | Fear of academics | <input type="checkbox"/> |
| Lack of Adaptability   | <input type="checkbox"/> | Personal issues | <input type="checkbox"/> | Depression issues | <input type="checkbox"/> | Behavioral issues      | <input type="checkbox"/> | Any Other issue   | <input type="checkbox"/> |

**Brief summary of background of the case before counselling:**

**Steps initiated by the Tutor-Mentor for the mentee:**

**1.0. Was the case referred to a specialist for further investigation?** Yes  No

a. To whom it was referred?

.....

b. What was the result - post-investigation and treatment (if any)?

.....

**2.0. Was there any effort made by the Mentor himself to solve the issue?** Yes  No

a. What was the effort made? Has the Tutor-Mentor spent some time with the mentee to discuss the issue?

.....

b. Developments after the effort?

.....

**3.0. Whether some external intervention (family/friends etc) was required?** Yes  No

a. Whose help/intervention was taken? Whether the mentor involved other teachers/students/family members?

.....

b. What was the result - post-intervention?

.....

**4.0. Was there any tendency of severe depression marked in the mentee?** Yes  No

a. Since when the mentee started showing this depression? Is there any specific reason behind that?

.....

b. What was the step taken by the Tutor-Mentor to make him/her overcome the depression?

.....

## **Interaction Sheet-3.2 (4): Counselling & for Case Study**

**Brief summary of the counselling process and result thereof:**

**Comments by the Tutor-Mentor after the counselling process:**

**5.0. If the case qualify to be a case study for future references? If yes, why?**

**6.0. What is the best thing about the support provided by the Mentor?**

**7.0. Concluding Remarks by the Tutor-Mentor (if any).**

**8.0. Remarks by the Mentee regarding the process and efforts of the Tutor-Mentor.**

## *Interaction Sheet-1 (5): Mentees in a Group*

Date: ..... Location: ..... Time: .....

**Details of the Mentees:**

S. I.	Name	Roll No	Branch	Hostel/Day Scholar	Contact Number & E-mail ID

**Discussion on issues relating to Academics:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

**Discussion on issues relating to any other matter:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

**Mentees identified for individual counselling/discussion:**

S. I.	Name	Roll No	Matter	Date fixed for interaction

## Interaction Sheet-2 (21): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (22): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (23): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (24): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**



## Interaction Sheet-2 (25): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

**Interaction Sheet-3.1 (5): Counselling & for Case Study**

**Date:** ..... **Location:** ..... **Time:** .....

**Name of the Mentee:** .....

**Group/Section:** ..... **Branch:** ..... **Roll:** .....

**Background of the study**

**Specific area in which the student is affected**

- |                        |                          |                 |                          |                   |                          |                        |                          |                   |                          |
|------------------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|------------------------|--------------------------|-------------------|--------------------------|
| Diversion from studies | <input type="checkbox"/> | Family problem  | <input type="checkbox"/> | Friendship issues | <input type="checkbox"/> | Poor Health conditions | <input type="checkbox"/> | Fear of academics | <input type="checkbox"/> |
| Lack of Adaptability   | <input type="checkbox"/> | Personal issues | <input type="checkbox"/> | Depression issues | <input type="checkbox"/> | Behavioral issues      | <input type="checkbox"/> | Any Other issue   | <input type="checkbox"/> |

**Brief summary of background of the case before counselling:**

**Steps initiated by the Tutor-Mentor for the mentee:**

**1.0. Was the case referred to a specialist for further investigation?** Yes  No

a. To whom it was referred?

.....

b. What was the result - post-investigation and treatment (if any)?

.....

**2.0. Was there any effort made by the Mentor himself to solve the issue?** Yes  No

a. What was the effort made? Has the Tutor-Mentor spent some time with the mentee to discuss the issue?

.....

b. Developments after the effort?

.....

**3.0. Whether some external intervention (family/friends etc) was required?** Yes  No

a. Whose help/intervention was taken? Whether the mentor involved other teachers/students/family members?

.....

b. What was the result - post-intervention?

.....

**4.0. Was there any tendency of severe depression marked in the mentee?** Yes  No

a. Since when the mentee started showing this depression? Is there any specific reason behind that?

.....

b. What was the step taken by the Tutor-Mentor to make him/her overcome the depression?

.....

## Interaction Sheet-3.2 (5): Counselling & for Case Study

**Brief summary of the counselling process and result thereof:**

**Comments by the Tutor-Mentor after the counselling process:**

**5.0. If the case qualify to be a case study for future references? If yes, why?**

**6.0. What is the best thing about the support provided by the Mentor?**

**7.0. Concluding Remarks by the Tutor-Mentor (if any).**

**8.0. Remarks by the Mentee regarding the process and efforts of the Tutor-Mentor.**

## *Interaction Sheet-1 (6): Mentees in a Group*

Date: ..... Location: ..... Time: .....

### Details of the Mentees:

S. I.	Name	Roll No	Branch	Hostel/Day Scholar	Contact Number & E-mail ID

### Discussion on issues relating to Academics:

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### Discussion on issues relating to any other matter:

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### Mentees identified for individual counselling/discussion:

S. I.	Name	Roll No	Matter	Date fixed for interaction

## Interaction Sheet-2 (26): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (27): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (28): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (29): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**



## Interaction Sheet-2 (30): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

**Interaction Sheet-3.1 (6): Counselling & for Case Study**

**Date:** ..... **Location:** ..... **Time:** .....

**Name of the Mentee:** .....

**Group/Section:** ..... **Branch:** ..... **Roll:** .....

**Background of the study**

**Specific area in which the student is affected**

- |                        |                          |                 |                          |                   |                          |                        |                          |                   |                          |
|------------------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|------------------------|--------------------------|-------------------|--------------------------|
| Diversion from studies | <input type="checkbox"/> | Family problem  | <input type="checkbox"/> | Friendship issues | <input type="checkbox"/> | Poor Health conditions | <input type="checkbox"/> | Fear of academics | <input type="checkbox"/> |
| Lack of Adaptability   | <input type="checkbox"/> | Personal issues | <input type="checkbox"/> | Depression issues | <input type="checkbox"/> | Behavioral issues      | <input type="checkbox"/> | Any Other issue   | <input type="checkbox"/> |

**Brief summary of background of the case before counselling:**

**Steps initiated by the Tutor-Mentor for the mentee:**

**1.0. Was the case referred to a specialist for further investigation?** Yes  No

a. To whom it was referred?

.....

b. What was the result - post-investigation and treatment (if any)?

.....

**2.0. Was there any effort made by the Mentor himself to solve the issue?** Yes  No

a. What was the effort made? Has the Tutor-Mentor spent some time with the mentee to discuss the issue?

.....

b. Developments after the effort?

.....

**3.0. Whether some external intervention (family/friends etc) was required?** Yes  No

a. Whose help/intervention was taken? Whether the mentor involved other teachers/students/family members?

.....

b. What was the result - post-intervention?

.....

**4.0. Was there any tendency of severe depression marked in the mentee?** Yes  No

a. Since when the mentee started showing this depression? Is there any specific reason behind that?

.....

b. What was the step taken by the Tutor-Mentor to make him/her overcome the depression?

.....

## **Interaction Sheet-3.2 (6): Counselling & for Case Study**

**Brief summary of the counselling process and result thereof:**

**Comments by the Tutor-Mentor after the counselling process:**

**5.0. If the case qualify to be a case study for future references? If yes, why?**

**6.0. What is the best thing about the support provided by the Mentor?**

**7.0. Concluding Remarks by the Tutor-Mentor (if any).**

**8.0. Remarks by the Mentee regarding the process and efforts of the Tutor-Mentor.**

## **Interaction Sheet-1 (7): Mentees in a Group**

Date: ..... Location: ..... Time: .....

### **Details of the Mentees:**

S. I.	Name	Roll No	Branch	Hostel/Day Scholar	Contact Number & E-mail ID

### **Discussion on issues relating to Academics:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### **Discussion on issues relating to any other matter:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### **Mentees identified for individual counselling/discussion:**

S. I.	Name	Roll No	Matter	Date fixed for interaction

## Interaction Sheet-2 (31): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (32): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (33): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (34): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**



## Interaction Sheet-2 (35): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

**Interaction Sheet-3.1 (7): Counselling & for Case Study**

**Date:** ..... **Location:** ..... **Time:** .....

**Name of the Mentee:** .....

**Group/Section:** ..... **Branch:** ..... **Roll:** .....

**Background of the study**

**Specific area in which the student is affected**

- |                        |                          |                 |                          |                   |                          |                        |                          |                   |                          |
|------------------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|------------------------|--------------------------|-------------------|--------------------------|
| Diversion from studies | <input type="checkbox"/> | Family problem  | <input type="checkbox"/> | Friendship issues | <input type="checkbox"/> | Poor Health conditions | <input type="checkbox"/> | Fear of academics | <input type="checkbox"/> |
| Lack of Adaptability   | <input type="checkbox"/> | Personal issues | <input type="checkbox"/> | Depression issues | <input type="checkbox"/> | Behavioral issues      | <input type="checkbox"/> | Any Other issue   | <input type="checkbox"/> |

**Brief summary of background of the case before counselling:**

**Steps initiated by the Tutor-Mentor for the mentee:**

**1.0. Was the case referred to a specialist for further investigation?** Yes  No

a. To whom it was referred?

.....

b. What was the result - post-investigation and treatment (if any)?

.....

**2.0. Was there any effort made by the Mentor himself to solve the issue?** Yes  No

a. What was the effort made? Has the Tutor-Mentor spent some time with the mentee to discuss the issue?

.....

b. Developments after the effort?

.....

**3.0. Whether some external intervention (family/friends etc) was required?** Yes  No

a. Whose help/intervention was taken? Whether the mentor involved other teachers/students/family members?

.....

b. What was the result - post-intervention?

.....

**4.0. Was there any tendency of severe depression marked in the mentee?** Yes  No

a. Since when the mentee started showing this depression? Is there any specific reason behind that?

.....

b. What was the step taken by the Tutor-Mentor to make him/her overcome the depression?

.....

## **Interaction Sheet-3.2 (7): Counselling & for Case Study**

**Brief summary of the counselling process and result thereof:**

**Comments by the Tutor-Mentor after the counselling process:**

**5.0. If the case qualify to be a case study for future references? If yes, why?**

**6.0. What is the best thing about the support provided by the Mentor?**

**7.0. Concluding Remarks by the Tutor-Mentor (if any).**

**8.0. Remarks by the Mentee regarding the process and efforts of the Tutor-Mentor.**

## **Interaction Sheet-1 (8): Mentees in a Group**

Date: ..... Location: ..... Time: .....

### **Details of the Mentees:**

S. I.	Name	Roll No	Branch	Hostel/Day Scholar	Contact Number & E-mail ID

### **Discussion on issues relating to Academics:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### **Discussion on issues relating to any other matter:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### **Mentees identified for individual counselling/discussion:**

S. I.	Name	Roll No	Matter	Date fixed for interaction

## Interaction Sheet-2 (36): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (37): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (38): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (39): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**



## Interaction Sheet-2 (40): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

**Interaction Sheet-3.1 (8): Counselling & for Case Study**

**Date:** ..... **Location:** ..... **Time:** .....

**Name of the Mentee:** .....

**Group/Section:** ..... **Branch:** ..... **Roll:** .....

**Background of the study**

**Specific area in which the student is affected**

- |                        |                          |                 |                          |                   |                          |                        |                          |                   |                          |
|------------------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|------------------------|--------------------------|-------------------|--------------------------|
| Diversion from studies | <input type="checkbox"/> | Family problem  | <input type="checkbox"/> | Friendship issues | <input type="checkbox"/> | Poor Health conditions | <input type="checkbox"/> | Fear of academics | <input type="checkbox"/> |
| Lack of Adaptability   | <input type="checkbox"/> | Personal issues | <input type="checkbox"/> | Depression issues | <input type="checkbox"/> | Behavioral issues      | <input type="checkbox"/> | Any Other issue   | <input type="checkbox"/> |

**Brief summary of background of the case before counselling:**

**Steps initiated by the Tutor-Mentor for the mentee:**

**1.0. Was the case referred to a specialist for further investigation?** Yes  No

a. To whom it was referred?

.....

b. What was the result - post-investigation and treatment (if any)?

.....

**2.0. Was there any effort made by the Mentor himself to solve the issue?** Yes  No

a. What was the effort made? Has the Tutor-Mentor spent some time with the mentee to discuss the issue?

.....

b. Developments after the effort?

.....

**3.0. Whether some external intervention (family/friends etc) was required?** Yes  No

a. Whose help/intervention was taken? Whether the mentor involved other teachers/students/family members?

.....

b. What was the result - post-intervention?

.....

**4.0. Was there any tendency of severe depression marked in the mentee?** Yes  No

a. Since when the mentee started showing this depression? Is there any specific reason behind that?

.....

b. What was the step taken by the Tutor-Mentor to make him/her overcome the depression?

.....

## **Interaction Sheet-3.2 (8): Counselling & for Case Study**

**Brief summary of the counselling process and result thereof:**

**Comments by the Tutor-Mentor after the counselling process:**

**5.0. If the case qualify to be a case study for future references? If yes, why?**

**6.0. What is the best thing about the support provided by the Mentor?**

**7.0. Concluding Remarks by the Tutor-Mentor (if any).**

**8.0. Remarks by the Mentee regarding the process and efforts of the Tutor-Mentor.**

## **Interaction Sheet-1 (9): Mentees in a Group**

Date: ..... Location: ..... Time: .....

### **Details of the Mentees:**

S. I.	Name	Roll No	Branch	Hostel/Day Scholar	Contact Number & E-mail ID

### **Discussion on issues relating to Academics:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### **Discussion on issues relating to any other matter:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### **Mentees identified for individual counselling/discussion:**

S. I.	Name	Roll No	Matter	Date fixed for interaction

## Interaction Sheet-2 (41): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (42): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (43): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (44): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**



## Interaction Sheet-2 (45): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

**Interaction Sheet-3.1 (9): Counselling & for Case Study**

**Date:** ..... **Location:** ..... **Time:** .....

**Name of the Mentee:** .....

**Group/Section:** ..... **Branch:** ..... **Roll:** .....

**Background of the study**

**Specific area in which the student is affected**

- |                        |                          |                 |                          |                   |                          |                        |                          |                   |                          |
|------------------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|------------------------|--------------------------|-------------------|--------------------------|
| Diversion from studies | <input type="checkbox"/> | Family problem  | <input type="checkbox"/> | Friendship issues | <input type="checkbox"/> | Poor Health conditions | <input type="checkbox"/> | Fear of academics | <input type="checkbox"/> |
| Lack of Adaptability   | <input type="checkbox"/> | Personal issues | <input type="checkbox"/> | Depression issues | <input type="checkbox"/> | Behavioral issues      | <input type="checkbox"/> | Any Other issue   | <input type="checkbox"/> |

**Brief summary of background of the case before counselling:**

**Steps initiated by the Tutor-Mentor for the mentee:**

**1.0. Was the case referred to a specialist for further investigation?** Yes  No

a. To whom it was referred?

.....

b. What was the result - post-investigation and treatment (if any)?

.....

**2.0. Was there any effort made by the Mentor himself to solve the issue?** Yes  No

a. What was the effort made? Has the Tutor-Mentor spent some time with the mentee to discuss the issue?

.....

b. Developments after the effort?

.....

**3.0. Whether some external intervention (family/friends etc) was required?** Yes  No

a. Whose help/intervention was taken? Whether the mentor involved other teachers/students/family members?

.....

b. What was the result - post-intervention?

.....

**4.0. Was there any tendency of severe depression marked in the mentee?** Yes  No

a. Since when the mentee started showing this depression? Is there any specific reason behind that?

.....

b. What was the step taken by the Tutor-Mentor to make him/her overcome the depression?

.....

## **Interaction Sheet-3.2 (9): Counselling & for Case Study**

**Brief summary of the counselling process and result thereof:**

**Comments by the Tutor-Mentor after the counselling process:**

**5.0. If the case qualify to be a case study for future references? If yes, why?**

**6.0. What is the best thing about the support provided by the Mentor?**

**7.0. Concluding Remarks by the Tutor-Mentor (if any).**

**8.0. Remarks by the Mentee regarding the process and efforts of the Tutor-Mentor.**

## **Interaction Sheet-1 (10): Mentees in a Group**

Date: ..... Location: ..... Time: .....

### **Details of the Mentees:**

S. I.	Name	Roll No	Branch	Hostel/Day Scholar	Contact Number & E-mail ID

### **Discussion on issues relating to Academics:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### **Discussion on issues relating to any other matter:**

Points raised by Mentees	Measures suggested/undertaken by Tutor-Mentor

### **Mentees identified for individual counselling/discussion:**

S. I.	Name	Roll No	Matter	Date fixed for interaction

## Interaction Sheet-2 (46): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (47): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (48): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

## Interaction Sheet-2 (49): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**



## Interaction Sheet-2 (50): Mentee as an Individual

Date: ..... Location: ..... Time: .....

Name of the Mentee: .....

Group/Section: ..... Branch: ..... Roll: .....

**Broad Area of the issue discussed:**

Emotion  Academics  Disciplinary  Grievances  Others

**Summary of Discussion held:**

**Advice/Referral by the Tutor-Mentor:**

### First Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Has the Mentee followed the advice of the Mentor?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Is there any improvement in the issue as raised by the Mentee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Is there any requirement of further follow up?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

### Second Follow-up

Follow up Date: ..... Location: ..... Time: .....

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1.0. Whether the issue was resolved?                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.0. Whether there is any requirement for personal intervention of Tutor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.0. Whether the mentee is satisfied with efforts of the Tutor-Mentor?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Remark by the Tutor Mentor after follow up:**

**Interaction Sheet-3.1 (10): Counselling & for Case Study**

**Date:** ..... **Location:** ..... **Time:** .....

**Name of the Mentee:** .....

**Group/Section:** ..... **Branch:** ..... **Roll:** .....

**Background of the study**

**Specific area in which the student is affected**

- |                        |                          |                 |                          |                   |                          |                        |                          |                   |                          |
|------------------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|------------------------|--------------------------|-------------------|--------------------------|
| Diversion from studies | <input type="checkbox"/> | Family problem  | <input type="checkbox"/> | Friendship issues | <input type="checkbox"/> | Poor Health conditions | <input type="checkbox"/> | Fear of academics | <input type="checkbox"/> |
| Lack of Adaptability   | <input type="checkbox"/> | Personal issues | <input type="checkbox"/> | Depression issues | <input type="checkbox"/> | Behavioral issues      | <input type="checkbox"/> | Any Other issue   | <input type="checkbox"/> |

**Brief summary of background of the case before counselling:**

**Steps initiated by the Tutor-Mentor for the mentee:**

**1.0. Was the case referred to a specialist for further investigation?** Yes  No

- a. To whom it was referred?  
.....
- b. What was the result - post-investigation and treatment (if any)?  
.....

**2.0. Was there any effort made by the Mentor himself to solve the issue?** Yes  No

- a. What was the effort made? Has the Tutor-Mentor spent some time with the mentee to discuss the issue?  
.....
- b. Developments after the effort?  
.....

**3.0. Whether some external intervention (family/friends etc) was required?** Yes  No

- a. Whose help/intervention was taken? Whether the mentor involved other teachers/students/family members?  
.....
- b. What was the result - post-intervention?  
.....

**4.0. Was there any tendency of severe depression marked in the mentee?** Yes  No

- a. Since when the mentee started showing this depression? Is there any specific reason behind that?  
.....
- b. What was the step taken by the Tutor-Mentor to make him/her overcome the depression?  
.....

## **Interaction Sheet-3.2 (10): Counselling & for Case Study**

**Brief summary of the counselling process and result thereof:**

**Comments by the Tutor-Mentor after the counselling process:**

**5.0. If the case qualify to be a case study for future references? If yes, why?**

**6.0. What is the best thing about the support provided by the Mentor?**

**7.0. Concluding Remarks by the Tutor-Mentor (if any).**

**8.0. Remarks by the Mentee regarding the process and efforts of the Tutor-Mentor.**





**KIIT UNIVERSITY**

(Declared U/S 3 of UGC Act, 1956)

Bhubaneswar, Odisha, India