



Students counselling Measurement form

I. Worksheet (individual)

Reference# _____

Date: _____

| Counselling Hours Usual/ Urgent | New / Follow up Case | Issues to be addressed | Level of severity A to F | *Confidentiality Y/N |
|------------------------------------|----------------------|------------------------|-----------------------------|-------------------------|
| | | | | |
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II. Worksheet (Group case)

| Counselling Hours Usual/ Urgent | New / Follow up Case | Issues to be addressed | Level of severity A to F | *Confidentiality Y/N |
|------------------------------------|----------------------|------------------------|-----------------------------|-------------------------|
| | | | | |
| | | | | |

**will be kept confidential if requested*

Pen Picture

**** (by the respective Counsellor)**

**** Extra sheet(s) can be added if desired.**

III. Comments by Counsellor-----

-----**IV. Further actions to be taken:**

- a. Will be dealt by the counsellor him/herself ☐
- b. Forwarded to HoD ☐
- c. Needs some third party attention ☐
- d. Other..... ☐

V. Severity of the issue

- A. Normal ☐
- B. Needs some attention with follow up ☐
- C. Needs immediate attention ☐
- D. Needs continual attention but not severe ☐
- E. Financial support ☐
- F. Other..... ☐

VI. Definitions:

| | |
|--|---|
| Normal | Students need some advice on normal issues |
| Needs some attention with follow up | Student needs some consistent advice with regular follow up |
| Needs immediate attention | Serious issue needs immediate attention and solution |
| Needs continual attention but not severe | Student needs some motivation, guidance and moral support |
| Financial support | Student is facing financial crisis |

VII. Attendance (Group case)

| S.No | Student Name | Roll Number | Signature | Remarks |
|------|--------------|-------------|-----------|---------|
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Attendance (Individual)

| S.No | Student Name | Roll Number | Signature | Remarks |
|------|--------------|-------------|-----------|---------|
| | | | | |

VIII. Comments by Academic Counsellor_____

IX. Comments by Head of Department_____

Academic Counsellor

| | | | | |
|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 |

(Please tick the relevant box)

Chairman

Department of Metallurgical
Engineering

Department of Metallurgical Engineering