M.P. Govt. College Amb, Distt. Una (H.P.)

Student Mentoring Cell

# Mentoring Record Sheet

(Academic Year 20. /….)

Mentor (Teacher) Name: Group

Personal Information of Student (Mentee)

Mentee (Student) Name: Faculty: Class:

Passport Photo

DOB: **dd / mm / yy**

Contact No. :

Email Address: Address:

Name of Parent/ Guardian: Contact No.

Goal Setting and Action Planning

|  |  |  |  |
| --- | --- | --- | --- |
| Goals | Set up by Student | Reviewed by Mentor | Action required |
| Academic Goals |  |  |  |
| Career Aspirations |  |  |  |

Signature: Student………………….. Teacher………………………

Date:………………

# SWOC ANALYSIS OF THE STUDENT

|  |  |
| --- | --- |
| **Strengths**What do you do well?What unique resources can you draw on? What do others see as your strengths? | **Weaknesses**What could you improve at?Where do you have fewer resources than others? What are others likely to see as your weaknesses? |
|  |  |
| **Opportunities**What opportunities are open to you? What trends could you take advantage of? | **Challenges**What key challenges do you find?What difficulties do you find to overcome these challenges? |
|  |  |

Reviewed by:

Date:……………… Signature………………………

Mentoring Session Record

|  |  |  |
| --- | --- | --- |
| **Date:** | **Time:** | **Place:** |
| **Summary:** |
| **Signature of Student:** | **Signature of Teacher:** |

|  |  |  |
| --- | --- | --- |
| **Date:** | **Time:** | **Place:** |
| **Summary:** |
| **Signature of Student:** | **Signature of Teacher:** |

|  |  |  |
| --- | --- | --- |
| **Date:** | **Time:** | **Place:** |
| **Summary:** |
| **Signature of Student:** | **Signature of Teacher:** |

|  |  |  |
| --- | --- | --- |
| **Date:** | **Time:** | **Place:** |
| **Summary:** |
| **Signature of Student:** | **Signature of Teacher:** |