

Counselling and Guidance Cell

Department of Psychology

Name of the teacher: Mrs. S. A. Raravikar

Name of the student:

Class

Referred by:

Date:

Nature of Issue:

Complaints of the student:

Impact of issue on student's behaviour:

Observation of Family/ friends/significant others:

Observation of the teacher:

1. Behaviour:

2. Body language:

3. Mental state:

Discussion :

Follow-up: