



Academic Counseling Form

Students Name.....

Date:

Course.....

Session.....

Instructor Name:-.....

E-mail.....

Contact.....

1. Reason for Counseling :-

- | | | | |
|-----------------|----------------------|----------------|----------------------|
| • Attendance | <input type="text"/> | Communication | <input type="text"/> |
| • Dress/Uniform | <input type="text"/> | Academics | <input type="text"/> |
| • Attitude | <input type="text"/> | Stress | <input type="text"/> |
| • Safety | <input type="text"/> | Personal Issue | <input type="text"/> |

2. Student Response :

.....

3 Teacher (Instructors Comments):

.....

4 Date of follow up :

Instructor Signature:

Student Signature:



PRINCIPAL
 Sri Murugha Rajendra Swamiji
 B.Ed. and M.Ed. College,
 Kusnoor Road, Kalaburagi-585106



Reshmi Educational and Charitable Trust ®
Sri Murugha Rajendra Swamiji B.Ed and M.Ed College
Saraswatipura, Kusnoor Road, Kalaburagi
(Permanently affiliated to Gulbarga University, Kalaburagi and Accredited NAAC 'B' Grade)
E-mail: rect_9@yahoo.com website: www.rect.org Phone No.: 08472265502

Academic Counseling Form

Students Name... Manjunath yedve

Date: 15/3/22

Course... B.Ed Item

Session... 1 session

Instructor Name: Dr. Geeta R.M

E-mail... manjunathyedve@gmail.com

Contact... 9325292246

1 Reason for Counseling :-

- | | | | |
|-----------------|--------------------------|----------------|-------------------------------------|
| • Attendance | <input type="checkbox"/> | Communication | <input checked="" type="checkbox"/> |
| • Dress/Uniform | <input type="checkbox"/> | Academics | <input type="checkbox"/> |
| • Attitude | <input type="checkbox"/> | Stress | <input type="checkbox"/> |
| • Safety | <input type="checkbox"/> | Personal Issue | <input type="checkbox"/> |

2. Student Response :

- * Lack of vocabulary
- * stage fear
- * language fluency deficiency

3 Teacher (Instructors Comments):

- * To attend language communication classes.
- * Enrich vocabulary.
- * oral reading practice.

4 Date of follow up :

Instructor Signature: After two months

Student Signature: [Signature]



[Signature]
PRINCIPAL
Sri Murugha Rajendra Swamiji
B.Ed. and M.Ed. College,
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Academic Counseling Form

Students Name.....*Mahesh*.....

Date: *15/3/22*

Course.....*B. Ed I sem*.....

Session.....*1*.....

Instructor Name:-.....*Dr. Geeta R.M*.....

E-mail.....*maheshnatikay456@gmail.com*.....

Contact.....*9071812237*.....

1. Reason for Counseling :-

- | | | | |
|-----------------|--------------------------|----------------|-------------------------------------|
| • Attendance | <input type="checkbox"/> | Communication | <input type="checkbox"/> |
| • Dress/Uniform | <input type="checkbox"/> | Academics | <input checked="" type="checkbox"/> |
| • Attitude | <input type="checkbox"/> | Stress | <input type="checkbox"/> |
| • Safety | <input type="checkbox"/> | Personal Issue | <input type="checkbox"/> |

2. Student Response :

** Studying science subject is English language*
** Translation problem.*

3. Teacher (Instructors Comments):

** Teacher assured to instruct in bilingual Method*
** Prepared notes were given to student*

4. Date of follow up :

Instructor Signature:

Student Signature:



Geeta
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Kusnoor Road, Kalaburagi-585106