



*Ahmednagar Jilha Maratha Vidya Prasarak Samaj's*  
**New Arts, Commerce and Science College,**  
**Parner – 414 302**



## Student Mentoring Cell

### Mentoring Record Sheet

(Academic Year 20..../....)

Mentor (Teacher) Name: \_\_\_\_\_ Group

Designation: \_\_\_\_\_ Name of Department: \_\_\_\_\_

### Personal Information of Student (Mentee)

Mentee (Student) Name: \_\_\_\_\_

Faculty: \_\_\_\_\_ Class: \_\_\_\_\_

DOB:       /       /      

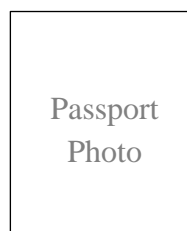
Contact No. : \_\_\_\_\_

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<br>Goals     |                   |                    |                 |
| Career<br>Aspirations |                   |                    |                 |

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

Date:.....

## **SWOC ANALYSIS OF THE STUDENT**

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

Reviewed by:

Date:.....

Signature.....

## **Mentoring Session Record**

|                              |              |                              |
|------------------------------|--------------|------------------------------|
| <b>Date:</b>                 | <b>Time:</b> | <b>Place:</b>                |
| <b>Summary:</b>              |              |                              |
| <b>Signature of Student:</b> |              | <b>Signature of Teacher:</b> |

|                              |              |                              |
|------------------------------|--------------|------------------------------|
| <b>Date:</b>                 | <b>Time:</b> | <b>Place:</b>                |
| <b>Summary:</b>              |              |                              |
| <b>Signature of Student:</b> |              | <b>Signature of Teacher:</b> |

|                              |              |                              |
|------------------------------|--------------|------------------------------|
| <b>Date:</b>                 | <b>Time:</b> | <b>Place:</b>                |
| <b>Summary:</b>              |              |                              |
| <b>Signature of Student:</b> |              | <b>Signature of Teacher:</b> |

|                              |              |                              |
|------------------------------|--------------|------------------------------|
| <b>Date:</b>                 | <b>Time:</b> | <b>Place:</b>                |
| <b>Summary:</b>              |              |                              |
| <b>Signature of Student:</b> |              | <b>Signature of Teacher:</b> |