



Presents



General Health States

As per Parent

As per Teacher

Academic & Behavioural Counselling Report

Name	
Sex	/ Age / Standard / Section
DOB :	
Father's Name / Age	Occupation
Mother's Name / Age	Occupation
Class Teacher's Name	
Maths Teacher's Name	
Science Teacher's Name	

My Life Journey

Vision

Long Term Goal

Short Term Goal

Subject Name	Marks I Will Score

Immediate Term Goal

Subject Name	Marks I Will Score

Contract with the Child

Academic Area

Career Guidance

Counsellor

Teacher

Friend

Parent

Counselling to Student:

General Behaviour

Self Concept

Personality

Stress

Motivation

Self Esteem

Parent

My Child is best in (Write the Subject Name)

My Child is best in (write extra curricular)

My Child Dream is to become

Three Good behaviours of my child

1

2

3

I Feel my Child has to concentrate more

Academic Area	General Behaviour

Teacher

My Student is best in (Write the Subject Name)

My Student is best in (write extra curricular)

My Student Dream is to become

Three Good behaviours of my Student

1

2

3

I Feel my Student has to concentrate more

Learning Styles	
Style	Score
Auditory	
Visual	
Kinesthetic	

Hemisphere Domination	
Left Side Brain	Right Side brain

Observation
Learning Styles

Nine Intelligence - Score			
Nature Smart		Musical	
Inter-Personal		Intra-Personal	
Linguistic		Spatial (Picture Smart)	
		Logical/Mathematical	
		Body Smart	
		Existerntial	

Hemisphere Domination

Nine Intelligence - Score

Study Skills Questionnaire (General)										
Positive Habits										
Negative Habits										

Study Skills Questionnaire (General)

Study Skills Questionnaire (Maths & Science)										
Positive Habits										
Negative Habits										

Study Skills Questionnaire (Maths & Science)