



ST. CHARLES COLLEGE OF ARTS AND SCIENCE
ERAIYUR – 607 201, KALLAKURICHI Dt.

CARE HOUR

Concern and Attentive Responsibility of Educators

STUDENT MENTORING RECORD

Student Name	
Register Number	
Department	
Year / Semester	
Mentor Name	
Academic Year	

Confidential Mentoring Record – For institutional use

PART I – KNOW THE STUDENT

1. Student Profile

Student Name	
Register No. / Roll No.	
Programme / Department	
Year / Semester	
Date of Birth	
Gender	
Parents Mobile	
Student Mobile	
Email ID	
Hosteller / Day Scholar	
Permanent / Present Address	

Communication Address	
Native Place	
Aadhar Number	
EMIS ID	
UMIS ID	
APAAR ID (ABC ID)	
Religion	
Nationality	
Community	
Scholarships Availed	
6th to 12th studied in Govt Schools	
First Graduate (Yes/No)	
Languages Known	

Village	
Block	
Panchayat	
Taluk	
District	
State	

Additional Details

Physically Disabled (Yes / No) : _____

If yes details of disability :

2. Family or Guardian & Siblings Profile

Relationship	Name	Occupation	Educational Qualification	Contact Number	Annual Income
Father					
Mother					

Family Information

Family Support: Strong / Good / Moderate / Limited

Financial Support Required: Yes / No / May be

Emergency Contact – Name / Relationship / Mobile

3. Scholarships

Bank Details

Account Number : _____

IFSC Code : _____

Bank Name : _____

Aadhar Linked Mobile Number : _____

Sl.No.	Name of the Scholarship	Academic Year & Semester	Months / Year	Amount Received
	Total			

Laptop Received: _____

Other Benefits If any: _____

Signature of the Scholarship In-charge

PART II – MY EDUCATIONAL JOURNEY

4. Previous Education

Qualification	Institution	Year	Marks / Grade

Medium of Instruction

Why did you choose this programme?

5. Semester-wise Academic Performance

I Semester

Sl.No	Subject Code	Subject Name	Int Marks	Ext Marks	Total	Pass / Fail

I Semester Percentage %

Attendance Percentage %

Current Arrears / Backlogs

II Semester

Sl.No	Subject Code	Subject Name	Int Marks	Ext Marks	Total	Pass / Fail

II Semester Percentage & Cumulative Percentage %

Attendance Percentage %

Current Arrears / Backlogs

III Semester

Sl.No	Subject Code	Subject Name	Int Marks	Ext Marks	Total	Pass / Fail

III Semester Percentage & Cumulative Percentage %

Attendance Percentage %

Current Arrears / Backlogs

IV Semester

Sl.No	Subject Code	Subject Name	Int Marks	Ext Marks	Total	Pass / Fail

IV Semester Percentage & Cumulative Percentage %

Attendance Percentage %

Current Arrears / Backlogs

V Semester

Sl.No	Subject Code	Subject Name	Int Marks	Ext Marks	Total	Pass / Fail

V Semester Percentage & Cumulative Percentage %

Attendance Percentage %

Current Arrears / Backlogs

VI Semester

Sl.No	Subject Code	Subject Name	Int Marks	Ext Marks	Total	Pass / Fail

VI Semester Percentage & Cumulative Percentage %

Attendance Percentage %

Current Arrears / Backlogs

PART III – KNOW ME BEYOND MARKS

6. Interests & Hobbies

Tick the areas you enjoy:

- | | | | |
|--------------------------------------|---|---|--------------------------------|
| ☐ Reading | ☐ Writing | ☐ Music | ☐ Dance |
| ☐ Sports | ☐ Drawing / Painting | ☐ Traditional Arts | |
| ☐ Photography | ☐ Public Speaking | ☐ Social Service | |
| ☐ Technology | ☐ Coding | ☐ Content Creation | |
| ☐ Gardening | ☐ Travelling | ☐ Other: | |

My favourite activities

My special talent / ability

A talent others may not know about me

7. Strengths & Areas for Improvement

My strengths:

- | | | | |
|--|---|-------------------------------------|-------------------------------------|
| ☐ Communication | ☐ Leadership | ☐ Creativity | ☐ Teamwork |
| ☐ Problem Solving | ☐ Organizing | ☐ Empathy | ☐ Discipline |
| ☐ Adaptability | ☐ Responsibility | | |

My Strongest quality

One thing I want to improve

8. Academic / Professional Skills

Skill	Beginner	Intermediate	Advanced
Communication	☐	☐	☐
English Language	☐	☐	☐
Presentation	☐	☐	☐
Writing	☐	☐	☐
Computer / Digital Skills	☐	☐	☐
Subject-related Skills	☐	☐	☐
Problem Solving	☐	☐	☐
Leadership	☐	☐	☐
Teamwork	☐	☐	☐

Other skills / Certifications / Courses completed

Naan Mudhalvan Courses Completed with certification:

SWAYAM / NPTEL Courses with certification:

Other Courses with certification:

PART IV – PARTICIPATION, ACHIEVEMENTS & FUTURE

9. Co-curricular / Extracurricular Activities & Achievements

Activity	Level / Institution	Year	Achievement / Role

10. Career Aspirations

What would you like to become?

Preferred path:

☐ Higher Studies	☐ Employment	☐ Government Service
☐ Professional Practice	☐ Entrepreneurship	☐ Teaching
☐ Family Business	☐ Not yet decided	

Preferred field / industry / role

Higher Studies: ☐ Yes ☐ No ☐ Not sure

Placement: ☐ Yes ☐ No ☐ Not sure

Preferred course / institution / career goal

11. My Dreams & Goals

My biggest dream

Someone who inspires me

My goal before graduation

Where I see myself five years from now

One thing I expect from my mentor

PART V – STUDENT SUPPORT

12. Areas in which I may need support

- ☐ Academic
- ☐ Attendance
- ☐ Communication
- ☐ Technical / Professional Skills
- ☐ Career Guidance
- ☐ Higher Studies
- ☐ Financial / Scholarship
- ☐ Placement
- ☐ Time Management
- ☐ Confidence / Self-development
- ☐ Other

Details, if the student wishes to share

Note: Sensitive personal matters need not be recorded in detail. Where appropriate, record only the support/referral provided.

13. Student Goal at the Beginning of CARE

My immediate goal

How my mentor can help me

PART VI – CARE HOUR ONE-TO-ONE MENTORING RECORD

CARE HOUR – MEETING 1

Date	Semester	Meeting No.	Mentor

Discussion areas:

- | | | | |
|--|---|--|--------------------------------|
| ☐ Academic | ☐ Attendance | ☐ Career | |
| ☐ Skills | ☐ Participation | ☐ Family / Personal | |
| ☐ Financial / Scholarship | ☐ Higher Studies | ☐ Placement | ☐ Other |

Student's concerns / discussion

Mentor's observation – strength noticed

Area requiring attention

Action Plan

Concern / Goal	Proposed Action	Target Date	Status

Student's commitment before the next CARE Hour

Mentor Signature: _____ Student Signature: _____

CARE HOUR – MEETING 2

Date	Semester	Meeting No.	Mentor

Discussion areas:

☐ Academic	☐ Attendance	☐ Career
☐ Skills	☐ Participation	☐ Family / Personal
☐ Financial / Scholarship	☐ Higher Studies	☐ Placement ☐ Other

Student's concerns / discussion

Mentor's observation – strength noticed

Area requiring attention

Action Plan

Concern / Goal	Proposed Action	Target Date	Status

Student's commitment before the next CARE Hour

Mentor Signature: _____ Student Signature: _____

CARE HOUR – MEETING 3

Date	Semester	Meeting No.	Mentor

Discussion areas:

☐ Academic	☐ Attendance	☐ Career
☐ Skills	☐ Participation	☐ Family / Personal
☐ Financial / Scholarship	☐ Higher Studies	☐ Placement
		☐ Other

Student's concerns / discussion

Mentor's observation – strength noticed

Area requiring attention

Action Plan

Concern / Goal	Proposed Action	Target Date	Status

Student's commitment before the next CARE Hour

Mentor Signature: _____ Student Signature: _____

CARE HOUR – MEETING 4

Date	Semester	Meeting No.	Mentor

Discussion areas:

- | | | |
|--|---|--|
| ☐ Academic | ☐ Attendance | ☐ Career |
| ☐ Skills | ☐ Participation | ☐ Family / Personal |
| ☐ Financial / Scholarship | ☐ Higher Studies | ☐ Placement |
| | | ☐ Other |

Student's concerns / discussion

Mentor's observation – strength noticed

Area requiring attention

Action Plan

Concern / Goal	Proposed Action	Target Date	Status

Student's commitment before the next CARE Hour

Mentor Signature: _____ Student Signature: _____

CARE HOUR – MEETING 5

Date	Semester	Meeting No.	Mentor

Discussion areas: ☐ Academic ☐ Attendance ☐ Career
☐ Skills ☐ Participation ☐ Family / Personal
☐ Financial / Scholarship ☐ Higher Studies ☐ Placement ☐ Other

Student's concerns / discussion

Mentor's observation – strength noticed

Area requiring attention

Action Plan

Concern / Goal	Proposed Action	Target Date	Status

Student's commitment before the next CARE Hour

Mentor Signature: _____ Student Signature: _____

CARE HOUR – MEETING 6

Date	Semester	Meeting No.	Mentor

Discussion areas:

☐ Academic	☐ Attendance	☐ Career
☐ Skills	☐ Participation	☐ Family / Personal
☐ Financial / Scholarship	☐ Higher Studies	☐ Placement
		☐ Other

Student's concerns / discussion

Mentor's observation – strength noticed

Area requiring attention

Action Plan

Concern / Goal	Proposed Action	Target Date	Status

Student's commitment before the next CARE Hour

Mentor Signature: _____ Student Signature: _____

PART VII – CARE FOLLOW-UP & PROGRESS

Date	Goal / Concern	Action Taken	Progress / Outcome	Follow-up
1.				
2.				
3.				
4.				
5.				
6.				

PART VIII – MY GROWTH

To be completed at the end of the academic programme / mentoring cycle.

This is who I am today...

This is who I have become...

Academic growth

Higher Studies aspiration

Skills gained

Achievements

Career clarity & Recruitment orders Received with details

Personal development

My message to my mentor

CARE Principle: KNOW → CONNECT → IDENTIFY → ACT → FOLLOW-UP →

GROW