



INSTITUTE COUNSELLING CELL POLICY

1. Introduction

The well-being and holistic development of students are paramount to their academic success and personal growth. To achieve that, the Institute Counselling Cell is being established to provide comprehensive psychological and emotional support to students. This policy document outlines the systematic approach for identification, assessment, intervention, follow-up, and case closure procedures to ensure effective academic, career, personal and mental health support within the academic environment.

1.1 Purpose

This policy serves to standardize the counselling services, establish clear protocols for case management, and ensure ethical practices while maintaining confidentiality and professional standards.

1.2 Scope

This policy covers every student at the academic institute who wants counselling help. It includes one-on-one sessions, group therapy options, quick crisis responses, and programs to prevent mental health problems before they grow.

2. Objectives of the Counselling Cell

- To provide accessible and confidential counselling services to the students.
- To implement early identification and intervention strategies for mental health concerns.
- To establish systematic case management and follow-up procedures.
- To maintain professional standards and ethical practices in counselling.
- To promote mental health awareness and preventive programs.
- To conduct regular assessments and improve counselling services.

3. Student Identification Process

3.1 Referral Mechanisms

3.1.1 Self-Referral

Students may voluntarily approach the counselling cell if they feel they need support. The students can contact the counselling cell in two ways: either walk-in to the counselling cell during college hours or by filling online self-referral form (Annexure I).

3.1.2 Faculty Referral

Faculty members can refer students to the counselling cell when they observe any academic, behavioural, or emotional concern that may require intervention, such as:

- Long-term absenteeism (< 30%)
- Sudden drop in attendance (>2 weeks) or marks (<SGPA 6.0)
- Behavioural issue, withdrawal, isolation



- Stress during placement
- Backlogs in core subjects
- Substance abuse indicators
- Reports from hostel warden/class mentors

3.1.3 Peer/Anonymous Referral

Peer/anonymous referral allows family/friends to point out a student who needs help. For these peers to contact the counselling cell either through walk-in or by contacting to faculty counsellor. An anonymous system lets students report concerns without names.

3.2 Screening Procedures

The course coordinator will identify the students with the criteria given in point 3.1.2 and refer those students to the faculty counsellor of his/her department. The faculty counsellor will initiate the process of taking consent from the student and filling in the pre-counselling form with the help of the course coordinator. The faculty counsellor will initiate the process of appointment scheduling. Depending on the issue presented by the student, the student will be counselled by the counselling committee (Convenor, Co-convenors, Faculty counsellor, and Expert if needed).

3.3 Appointment Scheduling

Appointments will be arranged by the Faculty counsellor with the consent of the counselling committee. One or two counselling sessions per week will be scheduled in a timely and structured manner, with priority given to urgent cases. Follow-up appointments will be scheduled based on the student's progress and specific needs to ensure continuous support.

3.4 Case Priority Classification

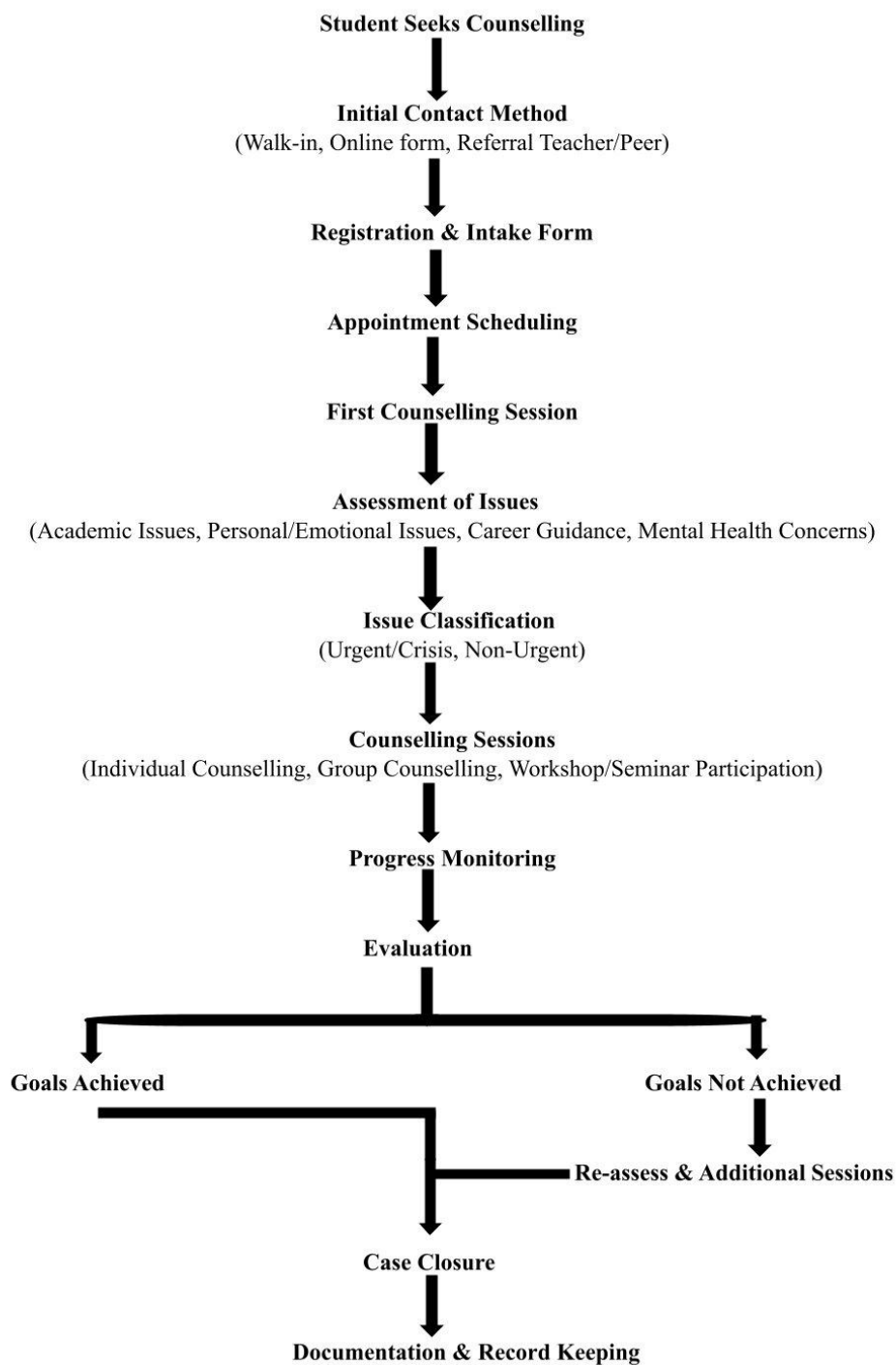
Priority Level	Description	Response Time	Action Required
Critical	Suicidal ideation, severe crisis	Immediate	Crisis intervention, possible hospitalization
High	Severe depression, anxiety, trauma	Within 24 hours	Urgent counselling, regular monitoring
Moderate	Academic stress, relationship issues	Within 3-5 days	Regular counselling sessions
Low	General counselling, preventive care	Within 1-2 weeks	Scheduled counselling, group therapy

4. Counselling Process Flow

The counselling session will be scheduled once or twice weekly, depending on the no. of cases and case priority.



The counselling process flow is depicted in the following flow chart-





5. Roles and Responsibilities

5.1 Faculty Counsellor

The faculty counsellor will handle appointment setups and talks with students. They manage records like individual files and log books, data entry, and preparation of statistical reports.

5.2 Counselling Cell Co-convenor

The counselling cell co-convenor oversees members work and performance. They make sure the implementation of policy rules and handle compliance. The co-convenors also handle the external liaising to bring in experts to tackle student issues.

5.3 Convenor

The convenor takes charge of overall admin and strategic planning, plus supervision. They lead crisis responses and emergencies, and also the training and mentoring of members.

5.4 Licensed Counsellors/Registered Medical Practitioners

Licensed counsellors run individual and group sessions for high-risk or critical cases. They assess needs and plan treatments. Case notes and reports get documented by RMPs for cases handover to them. They may join team meetings and training sessions.

5.5 College Director

The director plays a key role in supporting mental health by fostering a caring school environment, ensuring resources for counselling are available, and actively promoting the importance of student wellbeing. The director must ensure resource allocation, limit substitute teaching assignments, etc.

5.6 College Management

College management must actively support mental health initiatives by providing necessary resources, promoting a culture of wellbeing, and ensuring that counselling services are prioritized within the school environment. They must allocate funds, provide resources, and offer crisis support.

6. Counselling Service Areas and Policies

6.1 Academic Counselling Policy

6.1.1 Services Provided

- Identifying the root cause of poor academic performance
- Study skills and time management training
- Academic performance improvement strategies
- Examination anxiety (stress and fear related to examination) management
- Subject-specific learning difficulties intervention

6.1.2 Academic Counselling Steps

- **Initial Assessment:** It compiles a full academic history and spots current challenges.
- **Goal Setting:** Goal setting creates specific, measurable objectives for academics.
- **Strategy Implementation:** runs a four-to-six-week personal improvement plan.
- **Progress Monitoring:** Bi-weekly academic performance tracking or as needed
- **Outcome Evaluation:** Outcome evaluation reviews performance at semester end.



6.2 Career Counselling Policy

6.2.1 Services Provided

The following services will be provided to students

- Career exploration and information sessions
- Resume writing and interview preparation
- Internship and placement guidance
- Professional networking skills development
- Industry-specific career pathway guidance

6.2.2 Career Counselling Process

- **Assessment Phase:** It evaluates the interests, aptitudes, and personality traits of the student.
- **Career Exploration:** Career exploration searches for options that match assessment results.
- **Decision Making:** Evaluation of career alternatives and goal setting
- **Action Planning:** Development of concrete steps toward career goals
- **Skill Development:** Skill development covers resume writing, interview preparation, and networking.
- **Implementation Support:** Guidance during the application/placement process.

6.3 Personal Counselling Policy

6.3.1 Issues Covered

- Interpersonal relationship difficulties
- Self-esteem and identity concerns
- Grief and loss counselling
- Adjustment to college life
- Life transitions and developmental challenges

6.3.2 Counselling Approaches

To provide a supportive, nonjudgmental space that motivates students for self-exploration and personal growth by emphasizing empathy, unconditional positive regard, and genuineness.

6.4 Mental Health Counselling Policy

Mental health counselling provides specialized support for students experiencing psychological disorders, severe emotional distress, or psychiatric conditions requiring professional intervention.

6.4.1 Counselling Approaches

Referral to external services happens under certain criteria, such as condition severity goes beyond what the institute can handle.

7. Follow-up Procedures

Immediate Follow-up (Within 72 hours): immediate crisis resolution

Short-term Follow-up (1-4 weeks): Behavioural and Academic monitoring

Long-term Follow-up (1-6 months): Academic performance monitoring



8. Documentation Requirements

- Detailed and accurate records of all counselling sessions will be maintained securely by co-convenors.
- Maintain separate files for each student to avoid mixing information. Clearly label files with unique identifiers.
- The following documents are maintained by the counselling cell-
 - Attendance Register
 - Minutes of meetings
 - Student counselling file (Consent form, Pre-counselling questionnaire, session notes and follow-ups/progress report, crisis log if any, closure report, feedback report)
 - Monthly activity report (No. of students counselled, types of issues addressed, follow-up status, workshop conducted, Recommendation to management)
- Documents will be filled out by the following person
 - Online form (**Annexure I**): Student
 - Consent form (**Annexure II**): Student
 - Pre-counselling form (**Annexure III**): Course coordinator who refers to the counselling cell
 - First Counselling Form (**Annexure IV**): Faculty counsellor
 - Session/progress report (**Annexure V**): Faculty counsellor/Counselling committee
 - Feedback form (**Annexure VI**): Student

9. Meeting Schedule for Counselling Cell

Meeting Type	Frequency	Participants	Purpose
Review Meetings	Bi-weekly	All counselling staff	Case discussions, coordination
Administrative Meetings	Monthly	Counselling Cell member and Higher Authorities	Outcome evaluation, Policy review, planning
Annual Review meeting	End of session	All committee members	Policy review, Statistical analysis and outcome evaluation, Success of the initiative and workshops.

10. Crisis Management Protocol

In cases of immediate threats to student's safety, such as suicidal ideation or self-harm, the following steps will be taken

- Notification to authorities and parents
- Emergency medical services: if the situation needs
- Documentation: All actions taken during the crisis will be documented, including the nature of threats, individuals notified, and any steps taken

11. Confidentiality and Ethics



11.1 Confidentiality Standards

- All counselling records are strictly confidential and disclosed only need to know basis.
- Information sharing only with the written consent of the student.
- Secure storage and access control systems.
- To maintain trust, counselling sessions will not be recorded via audio/video.
- Any reports or updates shared with college management will be anonymized.

11.2 Ethical Guidelines

- Respect for student choices and dignity for building trust
- Non-discrimination and cultural sensitivity
- Professional boundary maintenance
- Competence and continuous learning
- Informed consent procedures

11.3 Professional Boundaries

- Punctuality: Start and end sessions on time
- Location: Sessions conducted in designated counselling rooms only
- Dual Relationships: Avoid social or personal relationships with students
- Contact Outside Sessions: Emergency contact only through designated channels
- Physical Contact: Minimal and only when therapeutically appropriate

11.4 Mandatory Reporting Situations

Times when the counsellor must report the issue to authorities for safety and legal reasons-

- Imminent danger to self or others
- Physically, emotionally, or sexually harmed
- Mandated by law to report
- Public health emergencies

12. Group Counselling

12.1 Group Counselling Parameters

- **Group Size:** minimum 6 participants
- **Duration:** minimum 30 minutes per session
- **Frequency:** weekly
- **Screening:** All participants screened for group suitability

12.2 Group Counselling Themes and Topics

- Stress Management and Relaxation Skills
- Social Skills and Interpersonal Effectiveness
- Coping with Depression and Anxiety
- Building Self-Esteem and Confidence
- Time Management and Academic Success
- Healthy Relationships and Communication
- Mindfulness and Emotional Regulation
- Grief and Loss Support



13. Follow-ups Procedure

Follow-up Stage	Timing	Method	Content	Documentation
Missed Appointment	Within 48 working hours	Phone call + text message	Check-in, reschedule, assess barriers	Attendance register
Progress Check	Every 4 sessions	In-session assessment	Formal progress evaluation using outcome measures	Progress report
Post-Crisis	24, 48, 72 hours	Phone calls	Safety check, support, resource confirmation	Crisis follow-up report
Treatment Completion	15-day post closure	Email/call (optional)	Sustained improvement, relapse prevention, and rereferral if needed	Feedback report

14. Case Closure

Any of these, like successful goal achievement, symptom resolution, student readiness for stress, mutual agreement, external transfer like a psychiatrist, or regular absence in counselling sessions, will result in case closure. A comprehensive case summary report, along with treatment outcome, will be attached to the student's file.

Successful Completion: The case will be closed if the set goals are achieved or skills developed to deal with the stress situation.

Mutual Agreement: If both the student and counsellor agree that adequate progress has been made or the student has shown the skills to handle the stress situation, the case can be closed with mutual agreement.

Student-Initiated Termination: If the student doesn't want to continue with counselling sessions, the case will be closed with the written request of the student.

Referral to External Services: If students need go beyond the expertise of the counselling cell, the counsellor can refer the student to external professionals, such as a psychiatrist, career specialist or any other professional. The referral process should involve parental consent (where necessary).

Administrative Closure: The case will be closed in any of situations like non-attendance in 3 consecutive sessions, graduation, or withdrawal by students.

15. Disposal of Records

- Records will be retained for a minimum period of 5 years.
- All unused records must be securely destroyed after 5 years.

SELF REFERRAL FORM FOR COUNSELLING

The counselling service is available to support students in their academic, emotional, social, career and behavioral well-being. Sessions may involve discussions on stress, academic challenges, career and emotional concerns. The counselling process will be confidential.

* Indicates required question

1. Email *

2. Student Name *

3. Course *

4. Year *

5. Branch *

6. Student ID *

7. Date of Birth *

8. Contact Number *

9. Parents/Guardian Name *

10. Parents/Guardian Contact Number *

11. Parents Occupation *

12. Would you have any problem if there is a departmental faculty counsellor in the counselling committee. *

Mark only one oval.

☐ Yes

☐ No

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STUDENT COUNSELLING CONSENT & CONFIDENTIALITY FORM

General Information

- (a) Student Name : _____
- (b) Course & Year : _____
- (c) Branch : _____
- (d) Roll Number : _____
- (e) Date of Birth : _____
- (f) Contact Number : _____
- (g) Parent/ Guardian Name : _____
- (h) Parent/ Guardian Contact Number : _____

Purpose of Counseling

The counselling service is available to support students in their academic, emotional, social, career and behavioral well-being. Sessions may involve discussions on stress, relationships, academic challenges, career and emotional concerns.

Session Details

- Each counseling session will typically last _____ minutes.
- The number of sessions will depend on the student's needs.
- Participation in counseling is voluntary, and the student has the right to discontinue sessions at any time.

Confidentiality Policy

The counsellor will maintain confidentiality and will not disclose details of sessions to parents, teachers, or others without the student's consent, except in the following cases:

- Risk of Harm:** If the student expresses intent to harm themselves or others, the counsellor must inform parents/guardians or college authorities.
- Legal or Student Safety Concerns:** If there is suspicion of abuse, neglect, or any situation that endangers the student, the college is obligated to report it.
- Referral for Additional Support:** If the student requires medical or psychological intervention, parental consent will be needed before seeking external professional help.



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Parental Involvement

Please check one.

- ☐ I agree to involve my parents in this counselling process.
- ☐ I prefer to keep my sessions private unless required by college policy.

(If the student chooses privacy, the counsellor will respect this, except in cases where safety is a concern)

Referral for Additional Support

If the counsellor believes that **external professional help** (e.g., psychologist, psychiatrist, medical doctor) is needed.

- The student will be encouraged to discuss it with their parents.
- In serious cases where parental consent is required, parents will be informed while ensuring the student's comfort.

Consent and Agreement

I understand the counselling process, confidentiality rules and when information may need to be shared / I have been made to understand the counselling process and confidentiality rules and when information may need to be shared in the language I understand.

Student's Signature:

Date:

Counsellor's Name:

Signature:

Date:



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PRE-COUNSELLING INTAKE FORM

Student Information

- (a) Student Name : _____
- (b) Course & Year : _____
- (c) Branch : _____
- (d) Date of Birth : _____
- (e) Contact Number : _____
- (f) Parent/ Guardian Name : _____
- (g) Parent/ Guardian Contact Number : _____
- (h) Address : _____

Educational & Academic Background

- (a) Current academic performance and participation: _____
- (b) Any specific learning difficulties or challenges: _____
- (c) Classroom behavior and attentiveness: _____
- (d) Any college-related stressors (e.g., bullying, peer pressure, exam stress): _____

Teacher's Observations & Recommendations

- (a) What specific concerns does the teachers have regarding the student?

- (b) Any previous interventions or support provided?

- (c) What kind of support or resources would be helpful for the student?

Consent & Confidentiality

I understand that the information provided is confidential and will be used to support the student's academic and emotional well-being.

Faculty Coordinator name & signature:

Date:

Counsellor's name & signature

Date:



COUNSELLING FORM (FOR FIRST COUNSELLING)

SECTION 1: BASIC INFORMATION

Student Name: _____
Student ID: _____
Current Year/Semester: _____
Branch/Major: _____
Contact no.: _____
Current CGPA/Percentage: _____
Date of Counselling: _____
Counsellor Name: _____

SECTION 2: ACADEMIC COUNSELLING

- 1. How many hours do you typically study per day (outside of classes)?**
☐ Less than 1 hour ☐ 1-2 hours ☐ 3-4 hours ☐ 5-6 hours ☐ More than 6 hours
- 2. When do you prefer studying?**
☐ Early morning (5 - 8 AM) ☐ Morning (8 AM - 12 PM) ☐ Afternoon (12 - 5 PM)
☐ Evening (5 - 9 PM) ☐ Late night (9 PM - 2 AM)
- 3. Which study methods do you use? (Select all that apply)**
☐ Reading textbooks/notes ☐ Making summary notes ☐ Watching video lectures
☐ Group study ☐ Solving practice problems ☐ Teaching concepts to others
☐ Using flashcards/memory techniques ☐ Past papers/previous year questions
- 4. How often do you meet assignment/project deadlines?**
☐ Always on time ☐ Usually on time ☐ Sometimes late ☐ Frequently late
- 5. Do you procrastinate on academic tasks?**
☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never
- 6. If yes, what are the main reasons? (Select all that apply)**
☐ Task seems too difficult ☐ Lack of interest in subject ☐ Feeling overwhelmed
☐ Perfectionism ☐ Easily distracted ☐ Poor planning



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☐ Other: _____

7. Do you currently have any backlogs/failed subjects?

☐ Yes (Number: ____)

☐ No

8. If yes, which subjects? _____

9. What are the main reasons for backlogs? (Select all that apply)

☐ Difficulty in understanding ☐ Insufficient study time ☐ Poor learning resources

☐ Health issues ☐ Personal/family problems ☐ Exam anxiety

☐ Other: _____

10. Are you receiving any academic support for struggling subjects?

☐ Yes, from professors ☐ Yes, from peers/seniors ☐ Yes, external tutoring ☐ No support

11. How would you rate your exam anxiety level?

☐ Very high ☐ High ☐ Moderate ☐ Low ☐ None

12. What symptoms do you experience before/during exams? (Select all that apply)

☐ Sleep disturbances ☐ Loss of appetite ☐ Headaches ☐ Nausea

☐ Panic attacks ☐ Mind going blank ☐ Difficulty concentrating

☐ Excessive sweating/trembling ☐ Negative thoughts ☐ None

13. How do you typically manage exam stress?

☐ Deep breathing/meditation ☐ Exercise/physical activity ☐ Talk to friends/family

☐ Seek professional help ☐ Avoid thinking about it ☐ Don't manage it effectively

☐ Other: _____

14. What is your typical attendance percentage?

☐ Above 90% ☐ 75-90% ☐ 60-75% ☐ Below 60%

15. Main reasons for missing classes: (Select all that apply)

☐ Health issues ☐ Lack of interest ☐ Available notes/resources online

☐ Personal/family issues ☐ Part-time work ☐ Other: _____

16. How actively do you participate in class?

☐ Very active ☐ Moderately active ☐ Passive (just listen) ☐ Often distracted



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17. Who do you turn to for academic help? (Select all that apply)

- ☐ Professors/Faculty ☐ Teaching assistants ☐ Classmates/Study groups
☐ Seniors ☐ Online resources (YouTube, forums) ☐ Private tutors
☐ Family members ☐ No one/Self-study only

SECTION 3: CAREER COUNSELLING

1. How clear are you about your career goals?

- ☐ Very clear ☐ Somewhat clear ☐ Confused ☐ No idea

2. Are you preparing for any competitive exams/certifications?

- ☐ Yes (specify: _____) ☐ Planning to ☐ No

3. Do you experience any of the following? (Select all that apply)

- ☐ Difficulty concentrating ☐ Memory problems ☐ Persistent sadness/depression
☐ Loss of interest in activities ☐ Frequent mood swings ☐ Social isolation
☐ Substance use (alcohol, smoking, etc.) ☐ None

4. Are you facing any financial difficulties affecting your studies?

- ☐ Yes, significantly ☐ Yes, somewhat ☐ No

5. Do personal/family issues affect your academic performance?

- ☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never

6. Are you involved in any part-time work?

- ☐ Yes (hours per week: _____) ☐ No

7. What support would be most helpful for you? (Select all that apply)

- ☐ One-on-one counselling ☐ Study skills workshops ☐ Time management training
☐ Stress management techniques ☐ Subject-specific tutoring ☐ Career guidance
☐ Peer mentoring ☐ Mental health support ☐ Financial aid information
☐ Other: _____

8. What are your career aspirations? (Select all that apply)

- ☐ Corporate job (MNC/Private sector) ☐ Government job/Public sector
☐ Entrepreneurship/Startup ☐ Higher education (Masters/PhD)
☐ Research & Development ☐ Teaching/Academia
☐ Civil services ☐ Others (_____)



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9. Have you identified your core skills and interests?

☐ Yes, clearly identified ☐ Partially identified ☐ Still exploring ☐ No idea

10. Are you actively preparing for campus placements?

☐ Yes, actively preparing ☐ Started recently ☐ Planning to start soon ☐ Not yet started
☐ Not interested in placements

11. Rate your confidence in the following areas (1=Very Poor, 5=Excellent):

Area	1	2	3	4	5
Technical knowledge in your field	☐	☐	☐	☐	☐
Aptitude & reasoning skills	☐	☐	☐	☐	☐
Communication skills	☐	☐	☐	☐	☐
Interview skills	☐	☐	☐	☐	☐
Group discussion abilities	☐	☐	☐	☐	☐
Problem-solving skills	☐	☐	☐	☐	☐
Leadership qualities	☐	☐	☐	☐	☐
Teamwork abilities	☐	☐	☐	☐	☐

12. Are you practicing coding/technical problems regularly? (if applicable)

☐ Yes, daily ☐ Yes, few times a week ☐ Occasionally
☐ Rarely ☐ Not at all ☐ Not applicable to my field

13. Have you participated in mock interviews or assessments?

☐ Yes, multiple times ☐ Yes, once or twice ☐ Planning to ☐ Not yet

14. What are your biggest concerns about placements? (Select all that apply)

☐ Low CGPA/academic performance ☐ Lack of technical skills
☐ Poor communication skills ☐ Limited preparation time
☐ High competition ☐ Interview anxiety
☐ Lack of projects/experience ☐ Eligibility criteria
☐ Limited opportunities in my field ☐ No major concerns

15. Have you completed any internships?

☐ Yes, 2+ internships ☐ Yes, 1 internship ☐ Currently doing an internship
☐ No, but applied ☐ No, haven't applied



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16. If yes, what type of internships?

- ☐ Industry internship (paid) ☐ Industry internship (unpaid) ☐ Research internship
☐ Virtual/Remote internship ☐ College/Institute internship ☐ Not applicable

17. Mention the internship.

18. If no internships, what are the reasons? (Select all that apply)

- ☐ Don't know where to apply ☐ Applications get rejected ☐ Academic commitments
☐ Lack of skills/confidence ☐ No opportunities available ☐ Financial constraints
☐ Family doesn't support ☐ Haven't tried yet ☐ Other: _____

19. Have you obtained any certifications?

- ☐ Yes, multiple relevant certifications ☐ Yes, 1-2 certifications
☐ Currently pursuing certifications ☐ No, but planning to
☐ No certifications

20. Are you involved in any extracurricular activities?

- ☐ Technical clubs/societies ☐ Cultural activities ☐ Sports ☐ Social service/NGO work
☐ Competitions/Hackathons ☐ Others (_____) ☐ None

21. Have you attended any industry workshops/seminars?

- ☐ Yes, regularly ☐ Yes, occasionally ☐ Rarely ☐ Never

22. Have you connected with professionals/alumni in your field?

- ☐ Yes, have a good network ☐ Yes, a few connections ☐ No, but want to
☐ No, don't know how

23. What career support do you need? (Select all that apply)

- ☐ Career path exploration ☐ Resume building workshop ☐ Interview preparation
☐ Aptitude/Technical training ☐ Communication skills training ☐ Industry mentorship
☐ Internship guidance ☐ Higher studies counselling ☐ Networking opportunities
☐ Personal branding ☐ Job search strategies



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SECTION 4: PERSONAL & EMOTIONAL COUNSELLING

1. How often do you feel stressed?

- ☐ Almost always (daily) ☐ Very often (4-5 times a week) ☐ Sometimes (1-3 times a week) ☐ Rarely (few times a month) ☐ Almost never

2. What are your primary sources of stress? (Select all that apply)

- ☐ Academic pressure ☐ Career uncertainty ☐ Financial concerns
☐ Family expectations ☐ Relationship issues ☐ Peer comparison
☐ Future anxiety ☐ Health concerns ☐ Social situations
☐ Time management ☐ Body image/Appearance ☐ Other: _____

3. Do you experience anxiety regularly?

- ☐ Yes, severe and frequent ☐ Yes, moderate ☐ Sometimes
☐ Rarely ☐ No

4. How do you cope with anxiety?

- ☐ Breathing exercises/meditation ☐ Physical exercise ☐ Talk to someone
☐ Journaling/creative expression ☐ Distraction (entertainment, hobbies)
☐ Medication/professional help ☐ Unhealthy coping (substance use, etc.)
☐ Don't cope effectively ☐ Other: _____

5. Do you feel comfortable discussing your problems with family?

- ☐ Yes, very comfortable ☐ Somewhat comfortable
☐ Not really ☐ No, not at all

6. Are there any family expectations causing you distress?

- ☐ Yes, significant distress ☐ Yes, some distress
☐ Minor issues ☐ No

7. Do you experience peer pressure?

- ☐ Yes, frequently ☐ Sometimes
☐ Rarely ☐ No

8. What types of peer pressure do you face? (Select all that apply)

- ☐ Academic competition/comparison ☐ Lifestyle/appearance standards
☐ Social activities/partying ☐ Substance use (alcohol, smoking, drugs)
☐ Relationship/dating pressure ☐ Career choices



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- ☐ Material possessions ☐ Social media presence
☐ None ☐ Other: _____

9. Have you experienced bullying or harassment?

- ☐ Yes, currently experiencing ☐ Yes, in the past ☐ No

10. If yes, what type? (Select all that apply)

- ☐ Verbal abuse/teasing ☐ Physical harassment ☐ Social exclusion
☐ Cyberbullying ☐ Sexual harassment ☐ Ragging/hazing
☐ Discrimination (caste, religion, gender, etc.) ☐ Other: _____

11. Have you had thoughts of harming yourself or ending your life?

- ☐ Yes, frequently ☐ Yes, sometimes ☐ Had in the past but not now
☐ No, never ☐ Prefer not to answer

12. Are you currently taking any medication for mental health?

- ☐ Yes (specify if comfortable: _____) ☐ No, but have been prescribed
☐ No

13. If yes, what type of treatment? (Select all that apply)

- ☐ Individual psychotherapy/counselling ☐ Group therapy
☐ Psychiatric medication ☐ Hospitalization
☐ Alternative therapies ☐ Not applicable

14. Would you be interested in counselling services?

- ☐ Yes, definitely ☐ Yes, maybe
☐ Unsure ☐ No

15. What type of support would be most helpful? (Select all that apply)

- ☐ Individual counselling ☐ Group therapy/support groups
☐ Family counselling ☐ Couple/relationship counselling
☐ Crisis intervention ☐ Stress management workshops
☐ Peer support programs ☐ Online counselling/resources
☐ Psychiatric evaluation ☐ Mindfulness/meditation programs
☐ Other: _____

16. Would you prefer:

- ☐ In-person counselling



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☐ Online/Telephonic counselling

☐ Either is fine

☐ Not sure

17. How much do emotional or behavioural issues interfere with your life?

Area	Not at all	Slightly	Moderately	Severely	Extremely
Academic Performance	☐	☐	☐	☐	☐
Work/Responsibilities	☐	☐	☐	☐	☐
Social relationships	☐	☐	☐	☐	☐
Family relationships	☐	☐	☐	☐	☐
Self-care activities	☐	☐	☐	☐	☐
Enjoyment of life	☐	☐	☐	☐	☐

18. Is there a specific incident or situation that has been troubling you?

19. What do you think would make you feel better or more supported?

20. Is there anything else you'd like to share?

SECTION 5: COUNSELLOR ASSESSMENT

Initial Risk Assessment:



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- ☐ Low risk
- ☐ Moderate risk
- ☐ High risk –
- ☐ Critical

Preliminary Diagnosis/Concerns:

Recommended Treatment Plan:

Follow-up Action:

- ☐ Academic mentoring
- ☐ Remedial Classes
- ☐ Placement/career guidance
- ☐ Psychiatric evaluation
- ☐ Family counselling
- ☐ Time management plan
- ☐ Other (_____)

Follow-up Schedule: _____

CONFIDENTIALITY NOTICE:

All information provided in these questionnaires is confidential and protected under counselling ethics and applicable privacy laws. Information will only be shared with appropriate parties in cases of imminent danger to self or others, suspected abuse, or with your written consent.

Thank you for trusting us with this information. Your well-being matters.

Counsellor's Name:
Signature:
Date:

Counsellor's Name:
Signature:
Date:

Counsellor's Name:
Signature:
Date:

Counsellor's Name:
Signature:
Date:



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FOLLOW-UP SESSION NOTES

ID : _____
Date : _____
Time : _____
Duration : _____

Presenting Issue(s)

- ☐ Academic difficulties (e.g., not completing work, low performance).
- ☐ Behavioral concerns (e.g., disruption, aggression, withdrawal).
- ☐ Emotional concerns (e.g., anxiety, sadness, mood swings).
- ☐ Career difficulties (e.g., career uncertainty, lack of direction, work-related stress)
- ☐ Other: _____

Summary of Discussion

Action Steps or Follow-up Plan

- ☐ Regular monitoring and check-ins.
- ☐ Parent/guardian communication
- ☐ Referral to expert counselor/psychologist
- ☐ Classroom strategies for behavior management
- ☐ Encouragement of peer interactions
- ☐ Homework/study plan assistance
- ☐ Referral to career counsellor
- ☐ Other: _____



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Follow-up Session Details

Scheduled Date	
Observations Since Last Session	
Improvements Noted	
Follow-Up Actions Needed	

Further Recommendations

- ☐ Modify teaching strategies (e.g., more structured lessons, visual aids)
- ☐ Arrange peer support or mentoring
- ☐ Provide additional academic support (e.g., remedial classes, tutoring)
- ☐ Encourage participation in extracurricular activities
- ☐ Continue close communication with parents/guardians
- ☐ Seek professional evaluation if needed (e.g, psychologist, special educator, placement professionals)
- ☐ Other: _____

Counsellor's Name:

Signature:

Date:

Counsellor's Name:

Signature:

Date:

Counsellor's Name:

Signature:

Date:

Counsellor's Name:

Signature:

Date:



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COUNSELLING FEEDBACK FORM

(Your feedback is confidential and will be used only to improve our services.)

General Information

- (a) **Student Name** : _____
- (b) **Course & Year** : _____
- (c) **Branch** : _____
- (d) **Roll Number** : _____
- (e) **Date of Counselling Session** : _____

Please rate the following (✓ one option):

1. **Ease of booking the counselling session**
☐ Excellent ☐ Good ☐ Average ☐ Poor
2. **Counsellor's behavior (polite, respectful, non-judgmental)**
☐ Excellent ☐ Good ☐ Average ☐ Poor
3. **Counsellor's ability to listen and understand your concerns**
☐ Excellent ☐ Good ☐ Average ☐ Poor
4. **Confidentiality and comfort during the session**
☐ Excellent ☐ Good ☐ Average ☐ Poor
5. **Helpfulness of the counselling session**
☐ Very helpful ☐ Helpful ☐ Somewhat helpful ☐ Not helpful

Short Answer Questions

6. What did you like most about the counselling session?

7. What can be improved in the counselling services?

8. Did the session help you feel more supported or clear about your concerns?
☐ Yes ☐ No ☐ Not sure
9. Would you recommend the counselling cell to other students?
☐ Yes ☐ No ☐ Maybe

Any other suggestions or comments (optional):

Thank you for your valuable feedback!

Student's Signature:

Date: