

#### Republic of the Philippines

### Department of Education Schools Division of Calbayog City

Purok 2, Brgv. Hamorawon, Calbayog City, Samar 6710

Tel No. PLDT (055) 209-1639 | Globe (055) 533-9516 | Telefax: (055) 209-1639

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#### **DIVISION MEMORANDUM**

No. 563 s. 2024

To

Assistant Schools Division Superintendent

CID/SGOD Chiefs

Education Program Supervisors
Public Schools District Supervisors

Secondary/Elem School Heads (Public & Private)

Guidance/EsP Coordinators/Teachers

All Other Concerned

FROM

MARGARITO A. CADAYONA JR., PhD, CESO VI

OIC - Schools Division Superintendent

SUBJECT:

REITERATION ON THE MANDATORY USE/UPDATING OF

ON OF

GUIDANCE AND COUNSELING FORMS AND CREATION OF LEARNERS' CUMULATIVE RECORDS FROM KINDERGARTEN

TO SENIOR HIGH SCHOOL FOR SY 2024-2025

DATE

: October 25, 2024

- Pursuant to Republic Act No. 11206 an act institutionalizing guidance and counseling programs for students in all public and private schools nationwide and DepEd Memorandum No. DM-OUCI-2021-055 on Guidelines-Counseling and Referral System for Learners, this to hereby advise all schools (Elem, JHS, SHS) for the "REITERATION ON THE MANDATORY GUIDANCE AND COUNSELING FORMS AND **USE/UPDATING** OF LEARNERS' **CUMULATIVE** RECORDS CREATION OF KINDERGARTEN TO SENIOR HIGH SCHOOL FOR SY 2024-2025 AND ONWARDS" to be used by all guidance counselors/designate, class advisers and teachers in preparing learners' guidance and counseling records.
- 2. This Memorandum is issued for the following reasons:
  - a) To establish mechanisms to address the guidance and counseling needs of the learners who have great roles in nation-building for the future.
  - b) To design standard tools that serve as a basis to assess issues and problems that hinder learners to attain success.
- 3. The **monitoring and evaluation** on the utilization of these forms will be done during division monitoring to schools.
- 4. School which already started preparing the forms to learners shall only update the existing forms. Attached are the different forms.
- 5. Immediate dissemination and strict compliance with this Memorandum are desired.

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#### COMPOSITION OF THE LEARNER'S CUMULATIVE FOLDER

Each learner shall have individual **Cumulative Folders** to be cooperatively prepared and updated by class advisers and guidance counselor/designate and kept in the school guidance office (especially if the student already graduated/transferred out). This will be checked by the division monitoring supervisor/s from to time during school visits.

The following are more or less the basic composition/content of the learner's cumulative folder:

- Individual Inventory Form / Counselee's Data
- Socio/Academic/Anecdotal Report/Record
- Intake/Structured Interview Form
- Referrals
- Disciplinary Decisions
- Case Notes
- Test Results
- Rating Scales
- Checklists
- Autobiography
- Self-Expression Essay
- Diaries and Daily Schedules
- Questionnaires
- Class Works
- Workshop outputs
- Session Summaries



SCHOOL: \_\_\_\_\_\_

#### **GUIDANCE AND COUNSELING OFFICE**

#### STUDENT INDIVIDUAL INVENTORY

(Kindergarten to Grade 12)

**Dear Students:** Kindly fill-out this form. The following information will aid the Guidance Office develop a program to address your needs. Rest assured that information provided will be treated with confidentiality. Thank you

PERSONAL	DATA		in jou.
		Date Filled	
Name		Nickname	
Age	Date of Birth	Place of Birth	
Sex	Order of Birth	Cellphone Email	
	dress		
Languages/D	ialects Spoken at Home		
Languages/D	ialects Most Fluent In		74. Aug
Religion from	n Birth	Current Religion	7-1 O
Personal Des	cription (Marks):	A sale	
Your Favorite	e Subjects	Your Most Difficult Subjects:	
Inclination: [	☐ Performing Arts ☐ Sports ☐ Cla	ass Leadership    Others (Specify)	
	Religious groupings 🗆 Creative Arts 🗆 I		
	☐ Teacher ☐ Doctor/nurse ☐ Lawyer		
FAMILY D			
	Father	Mother	
	(Mark + if deceased)	The state of the s	
Name	Sec. Sec.		
Date of Birth		4/1	
Place of Birth	h		
Address			
Cellphone _	# 1 mg		
Highest Educatio	onal Attainment		
Occupation _			
Business Ad	dress		
Annual Incom	me	3	
	Spoken		
Religion			
Number of B	Brothers & Sisters		
	e below siblings from eldest to younges e of Siblings	st. Include yourself.) School/Place of Work	Birthday/Age
Parents (Plea	ase Check (7)		
	Living together	Temporarily se	enarated
	Permanently separated	Father OFW	eparateu
-	Marriage Annulled/Legally Sep		
	Father with another partner	Mother with a	nother partner
Name of Gu	ardian (if not living with parents)		nomer parmer
	material (if not fiving with pateries)		
		ionship with guardian	

DUCATIONAL D	ATA												
Grade/Year Level			S	chool	Attend	led			Inc	lusive '	Years of	f Attend	lance
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Grade 1								- 6					
Grade 2													
Grade 3													
Grade 4													
Grade 5													
Grade 6	-												
Grade 7	_												
Grade 8	-												
Grade 9	-												
Grade 10	-												
Grade 11	-												
Grade 12													
Name	of Org	ganizatio	on		-,	_			Pos	sition/Ti	tle/Desig	nation	
ttendance Record									T				
D	K	G1	G2	G3	G4	G5	G6	G7	G8	G9	G10	G11	G12
Days of School								44	16	7			
Days Present	-												
Days Absent	-		-	-									
No. of times late						100							
Nature of Testal  Intelligence or l			t		10	Scor	e / Res	ult / R	ating			Date	Take
2. Personality Tes							7					+	
<ol><li>Aptitude Test</li></ol>					V.	Taker.	Sales and Sales						-
4. Interest Test					S. C.	100							
5. Other:					75	12.5	3						
1. Your Medica 2. Medicine Re 3. Vitamins Re 4. Accident exp	gular gular perien	ly Take ly Take ced an	en : en : d its ef	fect to	you: _								
5. Operation ex	perie	nced ar	nd its e	ffect to	you:								
6. Immunizatio	ns: [	Covid	-19 □	Chicke	en pox	□ Sm:	all Pox	□ Poli	0 DA	leacles	□ Otho	···	
7. Have you con	nsulte	12 [] D	octors	□ Peve	histrict	e 🗆 D	evehole	ciet C	Othor	icasies	- Oute	·s:	_
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Prepared by:				4 1									
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Notes	d:												

Note: This shall be fill-up by Guidance Counselor or class adviser and shall always be updated each school year and remained in Guidance Office until the learner graduated/transferred-out. Thereafter the learner left school, this shall be stored in registrar's office and form part of student school records together with Form 137.

Signature of School Head over printed name

GC-Form 2.1



# Department of Education Shoot Division of Callswey City Republic of the Philippines SCHOOL:

DISTRICT:

# **GUIDANCE AND COUNSELING OFFICE**

# SOCIO / ACADEMIC / ANECDOTAL RECORD

(for Grade 1 to Grade 6)

Name:	LRN:	Residence:			
Birthdate: Place			(Brgy.)	(City/Municipality)	(Province)
Child Position: of children					
Father :	Educational Attainment:		Occupation:		
Mother:	Educational Attainment:		Occupation:		
State If both parents are living: Yes _	N — s	Living with parents: Yes	N		
Others: Pls. specify		If no, please specify			
Parents' Monthly Income:		Economic Status: very poor_	poor	average Above Average_	eragehigh_
l. Pre-Elementary Education:		II. Elementary Education	c		
Entrance Ages: Nursery Kinder		Graduated with honors? Yes	ors? Yes No	(Pls. check)	
		If yes, specify			
		(To be filled after graduation)	duation)		
A. ACADEMIC PROFILE	Grade 1 Grade 2	Grade 3	Grade 4	Grade 5	Grade 6

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Non-reader .....

1. Reading

Excellent

Good

Poor

**Q** 

2. Math

Multiplication Subtraction Addition Division

Please check appropriate box in each grade applicable opposite Nos. 1,2,3, or 4 as the case maybe.

No. 4 above means Excellent

No. 2 above means Poor Reader

		Grade 1	de 1			Grade 2	le 2			Grade 3	de 3			Grade 4	e 4			Grade 5	2			Grade 6	9 =	
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Problem Solving				3																				

The rating for Math is:

1. 1....level of mastery is very poor.

2. 2 .....some degree of mastery but needs more practice.

4. 4....manifests excellence.

3. 3 .....just enough mastery.

Above code shall be entered for each of the curriculum year.

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3. Other (Fig. specify)			1			100																		
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NOTE: Anecdotal record is "a written record kept in a positive tone of a child/learner's progress based on milestones particular to the child's social, emotional, physical, aesthetic, and cognitive development". This shall remain this class adviser until the learner graduated/transferred out. Thereafter, this shall be kepts in Registrar/quidance office as part of students permanent record.

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# Republic of the Adultypince Department of Concation Shook Division of Calsiver City

DISTRICT: SCHOOL:

GUIDANCE AND COUNSELING OFFICE

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Name:	LRN:	Residence:			
Birthdate: Place	e.	The state of the s	(Brgy.) (Cit	(City/Municipality)	(Province)
Child Position: of children		A CO			
Father :	Educational Attainment:		Occupation:		
Mother:	Educational Attainment:		Occupation:		
State if both parents are living: Yes	ving: Yes No	Living With parents: Yes_	o N		
Others: Pls. specify		If no, please specify			
Parents' Monthly Income:		Economic Status: very	Economic Status: very poor poor average _	erage Above Average_	tehigh
1. Pre-Elementary Education:	II. Elementary Education	II. Secon	II. Secondary Education		
Entrance Ages: Nursery Kinder	der Graduated with honors? Yes No		ed with honors? (JHS)	(Pls. check) Graduated with honors? (JHS) Yes_No_Specify:	School:
School:	If yes, specify School:	7.1	Graduated with honors? (SHS) YesNo Specify: _	'es_No_Specify:_	School:
		(To be filled after graduation)	duation)		
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Division (/)																		-	4				
Problem Solving															$\dashv$	-	$\dashv$	-	_				
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Above code shall be entered for each of the curriculum year.

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D. SPECIAL/TALENTS/SKILLS/WINNINGS								-					2n 347	V.									
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NOTE: Anecdotal record is "a unition record kept in a positive tone of a child/learner's progress based on milestones particular to the child's social, emotional, physical, and cognitive development. This shall remain this class adviser until the learner graduated/transferred out. Thereafter, this shall be kepts in Registrar/quidance office as part of students permanent record.	ass adv	ord kep	i in a fil the l	positiv earner	e tone	of a ch ed/tran	ild/lear sferred	ner's pr out. The	ogress	based this sh	on mile all be k	stones epts in F	particule Registra	ar to the	ue child's nce office	social, as par	emotio of stud	nal, phy ents per	sical, ae manent r	sthetic, c ecord.	goo pur	uitive	

GC-Form 2.3



SCHOOL:		
D	DISTRICT:	

#### **GUIDANCE AND COUNSELING OFFICE**

Incident/Anecdotal Report			
Learner C	bserved:		Age:
Grade:	<del>-</del>	Section:	Class Adviser:
Other Per	rson/s Involv	ed	
	The first		REPORT
Date obser	rved:		Time: Place:
Context:	What was h	appening imm	nediately before the behavior occur?
		uf .	
Behavior	: What beha	vior was man	ifested?
Effect: H	low did obse	rver or other p	person react to the manifested behavior?
Outcome	: How did th	ne person bein	ng observed react/respond to others?
RECOMM	ENDATION	:	
			Witnesses/Observers:

Guidance Counselor/Designate or Class Adviser / Principal

**NOTE:** Anecdotal report or Incident Report is report/form that is filled out in order to record details of an unusual event that occurs at the in school, such as unusual behavior of the learner, misdemeanors, and other incidents. Such event shall be reflected in learner's anecdotal record.



Purok 2. Brgy Hamorawon, Calbavog City Samai 6710
Tel No PUDI (055) 500 1639 | Globe (055) 533 9516 | Telefas (055) 209 1639
Website wystoskysok allowegysk | Fmail depockallosous Craby alossocial

#### Statement of Confidentiality

Counseling services cater to the mental health and well-being of all learners. The Guidance and Counseling Office recognizes that people are faced with various life stressors that can interfere with their daily behavior and functions. Counseling services are completely confidential.

There are a few exceptions or limitations to confidentiality in counseling situations. The following are the conditions to be considered in breaking the confidentiality in counseling:

a. If you are becoming an imminent danger to yourself and/or to others through thoughts of suicide or threats to harm other people.

b. If there is a reasonable suspicion of emotional and/or physical neglect and/or abuse including sexual abuse of a minor.

c. In rare cases, courts will be asking guidance counselors to testify about you.

#### **Confidentiality Guidelines**

Many people are concerned about the confidentiality of meeting with a counselor. The following guidelines provide information about the nature of our services.

The following are kept confidential:

- a. that you are seeing a counselor;
- b. all contact information, including your counseling schedules; and
- c. the guidance counselor being the only person who has access to the information discussed, unless you give written permission for specific information to be shared.

#### Rights and Responsibilities of Client

#### You have the right to:

- · be treated with respect and consideration;
- know that information you share during the counseling process is confidential;
- discuss with your counselor any concerns or dissatisfaction you may have about your counseling experience;
- refuse to complete any consent forms requested during the counseling process; and
- · ask for referral to another counselor.

You are responsible for:

 treating the Guidance and Counseling Office personnel with respect and consideration;

 maintaining the confidentiality of others in group counseling sessions (if applicable);

helping to make your counseling experience meaningful; and

• letting us know immediately about any concern(s) you may have with our service.

By signing this, I have read, understood and agreed to the provisions of this Statement of Confidentiality of the Guidance and Counseling Office.

Parent's Signature over printed name

**Date and Time** 



### **INTAKE INTERVIEW FORM** Name: Birth Date: \_\_\_\_ Sex: \_\_\_ Preferred Language: \_\_\_\_ We are concerned about how things are going for you. Our session today will help us discuss what's going O.K. and what's not going so well. Everything is confidential except for those that need to be discussed with others in order to HELP you. 1. How would you describe your current situation? What problems are you experiencing? What are your main concerns? 2. How serious are these matters for you at this time? \_\_\_Very Serious \_\_\_Not too serious \_\_\_Not serious at all 3. How long have you had these problems? \_\_\_ 0-3 months \_\_\_4 months to a year \_\_\_more than a year 4. What caused these problems? 5. Do others (parents, guardian, and friends) think there were other causes? If so, what do they say? 6. What other things are currently making it hard to deal with the problems? 7. What have you already tried in order to deal with the problems? 8. Why do you think these things didn't work? 9. What have others advised you to do? 10. What do you think would help to solve the problems?

none at allonly a littlejust enoughvery much  If you answered 1st, 2nd, or 3rd option, why don't you want to put
more time and effort into solving the problems?
2. What type of help do you want?
3. What changes are you hoping for?_
14. How hopeful are you about solving the problems?very hopefulhopefulsomewhat hopefulhopeless
If you are hopeless, why?_
15. What else should we know so that we can help? Are there any other matters you want to discuss?
For Interviewer/counselor only: Do not write anything below the l
Name of Interviewer/Counselor: Date: Note the identified problem:
Is the counselee seeking help? Yes No If not, what are the circumstances that brought the counselee to the interview?
Counselor's Notes:



Purok J. Brgy, Hamorawon, Calbavog City, Saman 6740
Tel No PLD1 (055) 200-1639 | Globe (055) 533-9546 | Teletas (055) 209-1639
Website very depod allarge pli | Fmail depod allarge (357) (galarge pur

#### **COUNSELING PLAN**

SESSION # & DATE	SPECIFIC GOAL	INTERVENTION

Signature over printed name of Guidance Counselor



Purol 2 Bigy Hamerawon Calbavog City, Samar 6710
Tel No PUDI (053) 209 Indo | Globe (053) 533 9316 | Telefas (053) 209 Indo
Website Living depochations, 2 pli | Linail depochations, 231

#### CASE NOTES TEMPLATE

Name of Counselee:	Session No.: Date:	
Topics discussed during		
the session		
Relevance of the session		
to the counseling plan		
Means of achieving the		
counseling plan goals and objectives		
Interventions and		
techniques used during		
the session and their		
effectiveness		
Counseling observations		
Progress or setbacks		
Signs, symptoms, and		
any increase or decrease		
in the severity of		
behaviors as they relate		
to the main concern		
Homework assigned,		
results, and compliance		
(if any)		
The counselee's current		
strengths and		
challenges		



#### Republic of the Philippines

Department of Education
Schools Division of Calbayog City
Purel 2 Brgy, Hamerancon, Calbayog City, Samar 0/10
Tel No PEDI (050) 200-1630 | Globe (050) 533-916 | Feletas (050) 200-1639
Website was alcombables on the Finance department and the period of the state of

#### **COUNSELEE'S DATA**

Grade Level & Section: Sc	chool:
Birthday: Age: B (Month/Day/Yeār)	irth Order:
Address:	
Contact Number: Email	Address:
Gender: ( ) Female Nationality: ( ) Filipina ( ) Male ( ) Foreign	o ner, pls. state country
Religion:	
Who are you staying with?	
() Parents () Relatives () Own	Family ( ) Alone/Dorm
B. Family Background	
Father	Mother
Name:	
Educational Attainment:	
Occupation:	
Contact Number:	
Monthly Family Income: (Combined)	
( ) below P10, 000.00 ( ) P10, 000.00 – 20,000.00 ( ) P20, 000.00 – 30,000.00 ( ) above P30, 000.00	

( ) Both without parents

#### Siblings (Use the back portion if necessary)

Name	Age	Educational Attainment	Occupation
In case of emergency: Person to Contact:		A <sub>E</sub>	ge:
Occupation:		Contact Number:	
Address:			
C. Educational Background		Hamara inc	urred:
Elementary:	Year:	Honors inc	urred:
Elementary:	Year:	Hollors inc	
D. Health			
A suffering from any at	ments of He	Blood Type:	
Are you under any medication Did you have any suicidal att	empts or the	oughts? If yes, when?_ f ves, when?	
Did you get involved with meg	gai drugsr ii	yes, when	
Do you have a mentally challed if yes, how are you related to			
Have you visited a psychiatris	t or psychol	logist before? (If yes, st	ate the
reason)			
			·
Counselee's signature over pri	nted name	Γ	Date