



Republic of the Philippines
Department of Education
Schools Division of Calbayog City
Purok 2, Brgy. Hamorawon, Calbayog City, Samar 6710
Tel No. PLDT (055) 209-1639 | Globe (055) 533-9516 | Telefax: (055) 209-1639
Website: www.depedcalbayog.ph | Email: depedcalbayogcity@yahoo.com

DIVISION MEMORANDUM

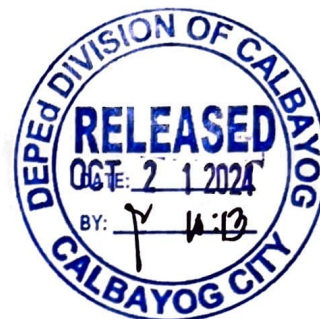
No. 563 s. 2024

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 GUIDANCE AND COUNSELING FORMS AND CREATION OF LEARNERS' CUMULATIVE RECORDS FROM KINDERGARTEN TO SENIOR HIGH SCHOOL FOR SY 2024-2025**

DATE : **October 25, 2024**



1. 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 USE/UPDATING OF GUIDANCE AND COUNSELING FORMS AND CREATION OF LEARNERS' CUMULATIVE RECORDS FROM 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



Republic of the Philippines
Department of Education
 Schools Division Office of Calbayog City

SCHOOL: _____
 DISTRICT: _____

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

LRN No. _____ Date Filled _____
 Name _____ Nickname _____
 Age _____ Date of Birth _____ Place of Birth _____
 Sex _____ Order of Birth _____ Cellphone _____ Email _____
 Complete Address _____
 Languages/Dialects Spoken at Home _____
 Languages/Dialects Most Fluent In _____
 Religion from Birth _____ Current Religion _____
 Personal Description (Marks): _____
 Your Favorite Subjects _____ Your Most Difficult Subjects: _____
 Inclination: Performing Arts Sports Class Leadership Others (Specify) _____
 Interest: Religious groupings Creative Arts Declamation/Oration Acting Singing Others: _____
 Wants to be: Teacher Doctor/nurse Lawyer Artist Military/police Others: _____

FAMILY DATA

Father	Mother
(Mark + if deceased)	(Mark + if deceased)
Name _____	_____
Date of Birth _____	_____
Place of Birth _____	_____
Address _____	_____
Cellphone _____	_____
Highest Educational Attainment _____	_____
Occupation _____	_____
Business Address _____	_____
Annual Income _____	_____
Language/s Spoken _____	_____
Religion _____	_____

Number of Brothers & Sisters _____
 (Please name below siblings from eldest to youngest. Include yourself.)

Name of Siblings	School/Place of Work	Birthday/Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents (Please Check)

- | | |
|---|-----------------------------------|
| _____ Living together | _____ Temporarily separated |
| _____ Permanently separated | _____ Father OFW |
| _____ Marriage Annulled/Legally Separated | _____ Mother OFW |
| _____ Father with another partner | _____ Mother with another partner |

Name of Guardian (if not living with parents) _____
 Address _____
 Cellphone _____ Relationship with guardian _____

EDUCATIONAL DATA

Grade/Year Level	School Attended	Inclusive Years of Attendance
Kindergarten		
Grade 1		
Grade 2		
Grade 3		
Grade 4		
Grade 5		
Grade 6		
Grade 7		
Grade 8		
Grade 9		
Grade 10		
Grade 11		
Grade 12		

Membership in Organizations (In School or Out School)

Name of Organization	Position/Title/Designation
_____	_____
_____	_____
_____	_____

Attendance Record

	K	G1	G2	G3	G4	G5	G6	G7	G8	G9	G10	G11	G12
Days of School													
Days Present													
Days Absent													
No. of times late													

Test Records

Nature of Test/Title of Test	Score / Result / Rating	Date Taken
1. Intelligence or IQ Test		
2. Personality Test		
3. Aptitude Test		
4. Interest Test		
5. Other:		

Medical Record

- Your Medical Condition / Sickness : _____
- Medicine Regularly Taken : _____
- Vitamins Regularly Taken : _____
- Accident experienced and its effect to you: _____
- Operation experienced and its effect to you: _____
- Immunizations: Covid-19 Chicken pox Small Pox Polio Measles Others: _____
- Have you consulted? Doctors Psychiatrists Psychologist Others: _____

Fears/Phobias:

Present Problems/Concerns:

Prepared by:

Guidance Counselor/Designate or Class Adviser

Noted:

Signature of School Head over printed name

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.



Republic of the Philippines
Department of Education
 Schools Division Office - Calbayog City

SCHOOL: _____ DISTRICT: _____

GUIDANCE AND COUNSELING OFFICE

SOCIO / ACADEMIC / ANECDOTAL RECORD
 (for Grade 1 to Grade 6)

Name: _____ LRN: _____ Residence: _____ (City/Municipality) _____ (Province) _____
 Birthdate: _____ Place _____ (Brgy.) _____
 Child Position: of _____ children _____
 Father : _____ Educational Attainment: _____ Occupation: _____
 Mother : _____ Educational Attainment: _____ Occupation: _____

State if both parents are living: Yes _____ No _____
 Others: Pls. specify _____
 Living with parents: Yes _____ No _____
 If no, please specify _____
 Economic Status: very poor _____ poor _____ average _____ Above Average _____ high _____

I. Pre-Elementary Education:
 Entrance Ages: Nursery _____ Kinder _____
 II. Elementary Education
 Graduated with honors? Yes _____ No _____ (Pls. check)
 If yes, specify _____

(To be filled after graduation)

A. ACADEMIC PROFILE

1. Reading

Non-reader
 Poor
 Good
 Excellent

Grade 1				Grade 2				Grade 3				Grade 4				Grade 5				Grade 6			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

*Legend : No. 1 above means Non-reader
 No. 2 above means Poor Reader
 No. 3 above means Good Reader
 No. 4 above means Excellent

2. Math

Addition (+)
 Subtraction (-)
 Multiplication (x)
 Division (/)
 Problem Solving

Grade 1				Grade 2				Grade 3				Grade 4				Grade 5				Grade 6			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

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

The rating for Math is:

1. 1.....level of mastery is very poor.
2. 2some degree of mastery but needs more practice .
3. 3just enough mastery.
4. 4manifests excellence.

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

Grade 1				Grade 2				Grade 3				Grade 4				Grade 5				Grade 6			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

B. ORAL PART-/RECITATION

- Passive
- Poor
- Active

C. ANY ACADEMIC HONOR OBTAINED IN:

- Grade 1 _____
- Grade 2 _____
- Grade 3 _____
- (Pls. specify)
- Grade 4 _____
- Grade 5 _____
- Grade 6 _____

D. SPECIAL/TALENTS/SKILLS/WINNINGS

1. Singing
2. Dancing/Rhythmics
3. Music Reading
4. Drawing/Painting
5. Dramatics
6. Speaking
 - a. declamation
 - b. oratorical
7. Athletics
8. Leadership

	G1				G2				G3				G4				G5				G6							
1																												
2																												
3																												
4																												
5																												
6.a																												
b																												
7																												
8																												

(Please check opposite each item if applicable under any of the four columns)

9. Other (Pls. Specify) _____

E. CASES OF SIGNIFICANT MISDEMEANOR/S

Date	Subject/Situation	Brief Description	Remarks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certification is hereby made on the veracity of the above-mentioned entries per item.

- Grade : _____ G1 _____ G2 _____ G3 _____ G4 _____ G5 _____ G6 _____
- Advisers: _____
- Principal/School Heads: _____

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 kept in Registrar/guidance office as part of students permanent record.



Republic of the Philippines
Department of Education
 Schools Division Office - Cebu City

SCHOOL: _____ DISTRICT: _____

GUIDANCE AND COUNSELING OFFICE
SOCIO / ACADEMIC / ANECDOTAL RECORD
 (for Grade 7 to Grade 12)

Name: _____ LRN: _____ Residence: _____ (City/Municipality) _____ (Province) _____
 Birthdate: _____ Place _____ (Brgy.) _____
 Child Position: of _____ children _____
 Father : _____ Educational Attainment: _____ Occupation: _____
 Mother : _____ Educational Attainment: _____ Occupation: _____

State if both parents are living: Yes ___ No ___
 Others: Pls. specify _____
 Living with parents: Yes ___ No ___
 If no, please specify _____
 Economic Status: very poor ___ poor ___ average ___ Above Average ___ high ___

I. Pre-Elementary Education: _____
 Entrance Ages: Nursery ___ Kinder ___
 School: _____
II. Elementary Education _____
 Graduated with honors? Yes ___ No ___ (Pls. check) Graduated with honors? (JHS) Yes ___ No ___ Specify: _____ School: _____
 If yes, specify _____ School: _____ Graduated with honors? (SHS) Yes ___ No ___ Specify: _____ School: _____
 (To be filled after graduation)

A. ACADEMIC PROFILE

1. Reading

- Non-reader
- Poor
- Good
- Excellent

2. Math

- Addition (+)
- Subtraction (-)
- Multiplication (x)
- Division (/)
- Problem Solving

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

Grade 7				Grade 8				Grade 9				Grade 10				Grade 11				Grade 12			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

Grade 7				Grade 8				Grade 9				Grade 10				Grade 11				Grade 12			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

The rating for Math is:

1. 1.....level of mastery is very poor.
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Grade 7				Grade 8				Grade 9				Grade 10				Grade 11				Grade 12			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

B. ORAL PART./RECITATION

- Passive
- Poor
- Active

C. ANY ACADEMIC HONOR OBTAINED IN:

- Grade 1 _____
- Grade 2 _____
- Grade 3 _____
- (Pls. specify)

- Grade 4 _____
- Grade 5 _____
- Grade 6 _____

D. SPECIAL/TALENTS/SKILLS/WINNINGS

1. Singing
2. Dancing/Rhythmic
3. Music Reading
4. Drawing/Painting
5. Dramatics
6. Speaking
 - a. declamation
 - b. oratorical
7. Athletics
8. Leadership

	G7				G8				G9				G10				G11				G12			
1																								
2																								
3																								
4																								
5																								
6.a																								
b																								
7																								
8																								

(Please check opposite each item if applicable under any of the four columns)

9. Other (Pls. Specify) _____

E. CASES OF SIGNIFICANT MISDEMEANOR/S

Date	Subject/Situation	Brief Description	Remarks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certification is hereby made on the veracity of the above-mentioned entries per item.

Grade : G7 G8 G9 G10 G11 G12
 Advisers: _____
 Principal/School Heads: _____

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 kept in Registrar/attendance office as part of students permanent record.



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Schools Division Office of Calbayog City

SCHOOL: _____
DISTRICT: _____

GUIDANCE AND COUNSELING OFFICE

Incident/Anecdotal Report

Learner Observed: _____ Age: _____
Grade: _____ Section: _____ Class Adviser: _____
Other Person/s Involved _____, _____, _____

REPORT

Date observed: _____ Time: _____ Place: _____

Context: *What was happening immediately before the behavior occur?*

Behavior: *What behavior was manifested?*

Effect: *How did observer or other person react to the manifested behavior?*

Outcome: *How did the person being observed react/respond to others?*

RECOMMENDATION:

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.*



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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



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Schools Division of Calbayog City

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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 ___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?



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Website www.depedcalbayog.gov.ph | Email depedcalbayog@deped.gov.ph

COUNSELING PLAN

Name of Counseee: _____

Overall Goals: (case to case basis)

- 1.
- 2.
- 3.

SESSION # & DATE	SPECIFIC GOAL	INTERVENTION

Prepared by:

Signature over printed name of Guidance Counselor



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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	



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COUNSELEE'S DATA

A. Personal Information

Name: _____

Grade Level & Section: _____ School: _____

Birthday: _____ Age: _____ Birth Order: _____
 (Month/Day/Year)

Address: _____

Contact Number: _____ Email Address: _____

Gender: () Female Nationality: () Filipino
 () Male () Foreigner, pls. state country _____

Religion: _____

Who are you staying with?

() Parents () Relatives () Own Family () Alone/Dorm

B. Family Background

Father	Mother
Name: _____	_____
Age: _____	_____
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

Parents' Relationship Status
 () Married and Living Together
 () Married but Separated
 () Both with other partners () Not Married
 () Father/Mother with another partner () Deceased, pls. specify _____
 () Both without parents

Siblings

(Use the back portion if necessary)

Name	Age	Educational Attainment	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of emergency:

Person to Contact: _____ Age: _____
Occupation: _____ Contact Number: _____
Address: _____

C. Educational Background

Elementary: _____ Year: _____ Honors incurred: _____
Secondary : _____ Year: _____ Honors incurred: _____

D. Health

Height: _____ Weight: _____ Blood Type: _____
Are you suffering from any ailments or handicap? _____
Are you under any medication? _____
Did you have any suicidal attempts or thoughts? If yes, when? _____
Were you a victim of any form of abuse? If yes, when? _____
Did you get involved with illegal drugs? If yes, when? _____

Do you have a mentally challenged family member/relative? _____
If yes, how are you related to him/her? _____
Have you visited a psychiatrist or psychologist before? (If yes, state the reason)

Counselor's signature over printed name

Date