

Department of Education

Region VIII
SCHOOLS DIVISION OF CALBAYOG CITY

DIVISION MEMORANDUM

No. 299 s. 2025

To

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 2025-2026

DATE

: July 1, 2025

- Pursuant to Republic Act No. 11206 an act institutionalizing guidance and counseling programs for students in all public and private schools nationwide, 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 2025-2026" to be used by all guidance counselors/designate, class advisers and teachers in preparing learners' guidance and counseling records. The complete forms can also be downloaded at: https://tinyurl.com/GUIDANCEFORMS25-26.
- 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.
- Schools 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.









Department of Education

Region VIII SCHOOLS DIVISION OF CALBAYOG CITY

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 Single Prising of officery 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.

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State: This shall be fill-up by Guidance Counselor or class adviser and shall slowers be updated each school year and remained in Guidance Office until the learner graduated transferred-out. Thereufter the learner left school, this shall be stored in registrar's office and form part of student school records together with Form 14%.



Department of Education

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The rating for Math is:

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

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

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GC Form 2.2



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SCHOOL

GUIDANCE AND COUNSEUNG OFFICE SOCIO / ACADEMIC / ANECDOTAL RECORD

(for Grade 7 to Grade 12)

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^{4. 4.,} manifests excellence.

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

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GC-Form 2.3



Department of Concation Schools Division of Calbavog City

SCHOOL: DISTRICT:

GUIDANCE AND COUNSELING OFFICE

	Incident/Ane	cdotal Report
Learner Observed:		Age:
Grade:	Section:	Class Adviser:
Other Person/s involve	Company of the second s	and the second section of the second
	REF	ORT
Date observed:	Time:	Place:
Context: What was h	appening immediately	before the behavior occur?
Behavior: What behav	•	
Effect: How did obser		act to the manifested behavior?
	e person being observe	ed 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



Department of Concation Shoot Division of Cabayons av

·	NTAKE INTERVIE	W FORM
Name: Birth Date:	Sex:	:Preferred Language:
today will help us discus	ss what's going O.K al except for those t	are going for you. Our session and what's not going so well. that need to be discussed with
1. How would you descrease experiencing? What a		tuation? What problems are you erns?
How serious are thes Very Serious	e matters for you a SeriousNot to	t this time? to seriousNot serious at all
3. How long have you h 0-3 months		armore than a year
4. What caused these p	roblems?	
5 Do others (parents, g If so, what do they sa		ls) think there were other causes?
5. What other things are problems?	e currently making	it hard to deal with the
7. What have you alrea	dy tried in order to	deal with the problems?
8. Why do you think th	ese things didn't w	And the second s
9. What have others adv	vised you to do?	
10. What do you think	would help to solve	
	annen kan padi. Pyran rapha sakaka saka kan kan paga naga nik kan ini manga kapa persaka kan sa sakaban ya Panga kan panga nika kan kan kan kan kan kan kan kan kan k	

problems?none at allonly a littlejust enough	
If you answered 1st, 2nd, or 3rd option, why dor more time and effort into solving the problems?	
12. What type of help do you want?	
13. What changes are you hoping for?_	
14. How hopeful are you about solving the problemvery hopefulhopefulsomewhat hopeful	
If you are hopeless, why?_	
15. What else should we know so that we can help matters you want to discuss? For Interviewer/counselor only: Do not write a	nything below the line
Name of Interviewer/Counselor:	
Is the counselee seeking help? Yes If not, what are the circumstances that brought the interview?	No counselee to the
Counselor's Notes:	



Republic of the Philippines Department of Education Schools Division of Calbavoy, City Total the Branches we also seek to the see

COUNSELING PLAN

ESSION # & DATE	SPECIFIC GOAL	INTERVENTION



Department of Education Schools Division of Calbayog City

For Control Manager of Calbayog City

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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		hi dan shiring in the sama asama indiang indiang indiang dispersion to the control of the same in the same indiang indiang in the same indiang in the same indiang in the same indiang indiang in the same indiang
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		



Department of Education
Schools Division of Calbayon City
Local Physics and the Samuel of the Samuel

COUNSELEE'S DATA

A. Personal Information	
Name:	
Grade Level & Section:	School:
Birthday: Age: (Month/Day/Year)	Birth Order:
Address:	
Contact Number:	Email Address:
Gender: () Female Nationality: () Male	() Filipino () Foreigner, pls. state country
Religion:	
Who are you staying with?	
() Parents () Relatives	() Own Family () Alone/Dorm
B. Family Background	
Name:	Mother
Age:Educational Attainment:Occupation:Contact Numbers	
Contact Number:	
Monthly Family Income: (Combined) () below P10, 000 () P10, 000.00 - 2 () P20, 000.00 - 3 () above P30, 000.	0.00 0,000.00 0,000.00
Parents' Relationship Status () Married and Living To () Married but Separated () Both with other partne () Father/Mother with ar () Both without parents	i

Siblings (Use the back portion if necessary)

Name	Age`	Educational Attainment	Occupation
	The second secon		
In case of emergency:			
Person to Contact:		A ₈	ge:
Occupation:		Contact Number:	
Address:			
C. Educational Back			
Elementary:	Year:	Honors inc	curred:
Secondary:	Year:	Honors inc	turred:
D. Health			
Height:	Weight:	Blood Type:	· · · · · · · · · · · · · · · · · · ·
Are you suffering from	any ailments or ha	ndicap?	
Are you under any me Did you have any suice			
Were you a victim of a	ny form of abuse? If	ugnisr ii yes, wilelir_ Tues when?	The state of the s
Did you get involved w			
Do year house a mandal			
Do you have a mental If yes, how are you rel	ly Chancingeu lannily	member/relative?	The state of the s
Have you visited a psy reason)	chiatrist or psychological	ogist before? (If yes, st	ate the
Counselee's signature	over printed name	I	Date



Republic of the Philippines Department of Education School By Color of Calbayene Calvarian Calbayene Calvarian Calbayene Calvarian Calbayene Calvarian Calbayene Calvarian Calbayene Calvarian Calbayene Cal

Name of School:	Address:
Guidelines in Referring	COUNSELING REFERRAL FORM
Students to GCO	Name of Student:
•	Grade & Level:
A. CHECK THE LEARNER'S	Candar
BEHAVIORS THAT INDICATE THE NEED FOR HELP	Date of Referral:
A student who may need	* Control of the Cont
counseling would likely manifest the following behaviors:	Reason/s for Referral:
Talks aloud and distracts others in class	Initial Actions Taken:
Is often late or absent	
Performs very poorly in both	Did the student agree to be referred to GCO: _YES _ NO
oral and written exams Shows lack of interest and	Parent/Guardian's Name:
motivation in his or her studies	Parent/Guardian's Contact Number:
Isolates himself or herself from	Referred by
the group	Designation:
Seems to be perpetually tired,	Contact Number:
anxious, depressed, irritable,	Contact Number.
angry, etc. Fails to submit work on time	
Manifests deterioration in	
grooming or hygiene	COUNSELING REFERRAL ACKNOWLEDGEMENT FORM
Shows signs of dramatic weight	
loss or gain, etc.	To: (Referring Person / Unit)
Talks about SUICIDE	Designation/Department:
B. TALK TO THE LEARNER	
about the need to seek	This is to confirm that whom
PROFESSIONAL HELP	you referred to us onhad started his/her session on and is being
If you observe any of the above	attended by
• Inform the learner and/or the	Kindly refer to the checklist below on the status of the
parent regarding the behavioral	case at hand.
patterns that you have	Closed at Intake Interview
observed in a professional and	□ For Counseling
confidential manner.	© Counseling Sessions are on-going
 Listen to the person's situation. 	D Parent/Guardian Conference Conducted
Suggest to the learner (and	☐ Sessions Completed / Case Terminated
parents) that they may consider availing of the counseling	Student did not show up
services provided by the GCO	□ Under Monitoring
for free	O Number of follow-ups made by the Counselor:
 Respect the person being referred. A learner has the 	□ Referred to
option to refuse a referral.	Thank you.
• However, if the behavior	Always for the welfare of students,
endangers his or her well-being	widow, this is not are find and of the Conference of the Conferenc
and those of others, it is our responsibility to provide such	Attending Guidance Counselor
help to the learner without	
necessarily getting his or her	Date:

C. INFORM GCO ABOUT YOUR REFERRAL

necessarily getting his or her

consent.

- Accomplish the Counseling Referral Form from GCO.
- 2. Inform the GCO personnel regarding your referral either by phone or personal visit at the GCO.
- Ask your student to schedule an appointment with the Guidance Counselor. In case of emergency, you may immediately accompany the student to the GCO. Otherwise, you may inform the student that he or she can meet with the assigned Guidance Counselor during the regular working hours.