



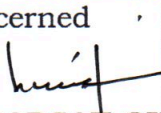

Republic of the Philippines
Department of Education
Schools Division of Calbayog City

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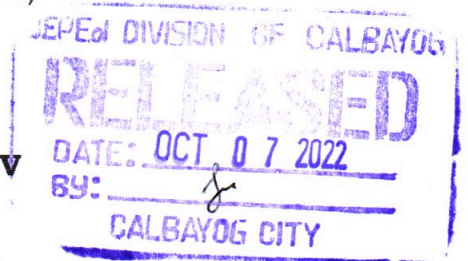
DIVISION MEMORANDUM

No. 417 s. 2022

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 : 
THELMA CABADSAN-QUITILIG PhD, CESO V
Schools Division Superintendent 

SUBJECT: **ADOPTION OF OFFICIAL GUIDANCE AND COUNSELING FORMS OF DEPED CALBAYOG AND CREATION OF LEARNERS' CUMULATIVE RECORDS IN ALL GRADE LEVELS FOR SY 2022-2023 AND ONWARDS**



DATE : October 6, 2022

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 **“ADOPTION OF OFFICIAL GUIDANCE AND COUNSELING FORMS OF DEPED CALBAYOG AND CREATION OF LEARNERS' CUMULATIVE RECORDS IN ALL GRADE LEVELS FOR SY 2022-2023 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. Attached are the different forms.
5. Immediate dissemination and strict compliance with this Memorandum are desired.



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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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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**

(Mark + if deceased)

Mother

(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 _____



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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?

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. 4.....manifests excellence.
- Above code shall be entered for each of the curriculum year.

B. ORAL PART./RECITATION
 Passive
 Poor
 Active

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

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						
6.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.



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Name of School: _____

Address: _____

Guidelines in Referring Students to GCO

A. CHECK THE LEARNER'S BEHAVIORS THAT INDICATE THE NEED FOR HELP

- A student who may need counseling would likely manifest the following behaviors:
- Talks aloud and distracts others in class
 - Is often late or absent
 - Performs very poorly in both oral and written exams
 - Shows lack of interest and motivation in his or her studies
 - Isolates himself or herself from the group
 - Seems to be perpetually tired, anxious, depressed, irritable, angry, etc.
 - Fails to submit work on time
 - Manifests deterioration in grooming or hygiene
 - Shows signs of dramatic weight loss or gain, etc.
 - Talks about SUICIDE

B. TALK TO THE LEARNER ABOUT THE NEED TO SEEK PROFESSIONAL HELP

If you observe any of the above behaviors, here's how to proceed:

- Inform the learner and/or the parent regarding the behavioral patterns that you have observed in a professional and confidential manner.
- Listen to the person's situation.
- Suggest to the learner (and parents) that they may consider availing of the counseling services provided by the GCO for free.
- Respect the person being referred. A learner has the option to refuse a referral.
- However, if the behavior endangers his or her well-being and those of others, it is our responsibility to provide such help to the learner without necessarily getting his or her consent.

COUNSELING REFERRAL FORM

Name of Student:
Grade & Level :
Gender:
Date of Referral:
Reason/s for Referral:
Initial Actions Taken:
Did the student agree to be referred to GCO: <u> YES </u> <u> NO </u>
Parent/Guardian's Name:
Parent/Guardian's Contact Number:
Referred by:
Designation:
Contact Number:



COUNSELING REFERRAL ACKNOWLEDGEMENT FORM

To: _____ (Referring Person / Unit)
Designation/Department: _____
This is to confirm that _____ whom you referred to us on _____ had started his/her session on _____ and is being attended by _____.
Kindly refer to the checklist below on the status of the case at hand.
<input type="checkbox"/> Closed at Intake Interview <input type="checkbox"/> For Counseling <input type="checkbox"/> Counseling Sessions are on-going <input type="checkbox"/> Parent/Guardian Conference Conducted <input type="checkbox"/> Sessions Completed / Case Terminated <input type="checkbox"/> Student did not show up <input type="checkbox"/> Under Monitoring <input type="checkbox"/> Number of follow-ups made by the Counselor: _____ <input type="checkbox"/> Referred to _____
Thank you. Always for the welfare of students,
_____ Attending Guidance Counselor
Date: _____

C. INFORM GCO ABOUT YOUR REFERRAL

1. Accomplish the Counseling Referral Form from GCO.
2. Inform the GCO personnel regarding your referral either by phone or personal visit at the GCO.
3. 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.

11. How much time and effort do you want to put into solving the problems?

none at all only a little. just enough very much

If you answered 1st, 2nd, or 3rd option, why don't you want to put 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 problems?

very hopeful hopeful somewhat hopeful hopeless

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 line

=====

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:



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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

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.

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



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

SCHOOL: _____
 DISTRICT: _____

GUIDANCE AND COUNSELING OFFICE

SOCIO / ACADEMIC / ANECDOTAL RECORD

(for Grade 7 to Grade 12)

Name: _____ LRN: _____ Residence: _____ (Province)
 Birthdate: _____ Place _____ (City/Municipality)
 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 _____
 Parents' Monthly Income: _____ Economic Status: very poor _____ poor _____ average _____ Above Average _____ high _____

I. Pre-Elementary Education:

Entrance Ages: Nursery _____ Kinder _____
 School: _____
 Graduated with honors? Yes _____ No _____ (Pls. check) School: _____
 Graduated with honors? (SHS) Yes _____ No _____ Specify: _____ School: _____
 (To be filled after graduation)

II. Elementary Education

II. Secondary Education

- Non-reader
- Poor
- Good
- Excellent

A. ACADEMIC PROFILE

1. Reading

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

2. Math

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

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

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. 4.....manifests excellence.



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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

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

B. ORAL PART / RECITATION

Passive
 Poor
 Active

	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

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/guidance office as part of students permanent record.



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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

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



Republic of the Philippines
Department of Education
Schools Division Office - 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.