

List all the children in your family including yourself starting with the eldest. Put an x opposite to your name. (if married list your own children)

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Civil Status</u>	<u>School/ Occupation</u>	<u>Grade or Year Company or Firm</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EDUCATIONAL BACKGROUND

Name the schools you have ever attended. (Include grade school, high school and other colleges)

<u>School</u>	<u>Date of Attendance</u>	<u>Grade/Year Level</u>	<u>Honors/Award Received</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>H.S. Subjects Liked</u>	<u>Grade</u>	<u>Subjects Disliked</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approximate high school average _____ Rank in class _____
 Course presently enrolled in _____ Major _____
 Other course previously enrolled in _____
 Reason for shifting/ Transferring _____

Present Educational and Vocational Plans

How did you make this choice?

- _____ family suggestion _____ teacher's choice
- _____ family tradition _____ following vocation of someone I admire
- _____ personal choice Others (pls. specify) _____
- _____ friend's choice _____

If choice was not your own, what course would you rather take up? _____

How did you come to this school?

- _____ personal choice _____ friend's recommendation
- _____ parent's choice _____ Others (pls. specify) _____

How much information do you have about the requirements of the course you are taking-up:

- ____ very much ____ much ____ enough ____ very little ____ none

Where did you get this information? (Specify) _____

Source of financial support in college:

family government aid
 savings scholarship
 part-time work Others: (pls. specify) _____

Self-evaluation regarding scholastic standing. Check the following which apply to you:

I barely passed most of my subjects
 I failed most of my subjects
 I am having a hard time passing my subjects
 I have difficulty with some of my subjects
 I fear I am going to fail this semester
 I am confident I can finish my course
 I am still adjusting to my studies

Other remarks

HEALTH RECORD AND LIVING CONDITIONS

Indicate as required: Physical Profile and Identification marks:

Height Weight Mole wearing glasses
 Complexion Others

Physical Programs Participated:

aerobic fitness weight lifting/ body building games/ sports
 stretching/ swimming dancing/ gymnastics others

Suffering from physical ailment:

Allergies Migraine/ Dizziness Others
 Asthma Stomach Ache
Physician Handling: _____

Where do you live? Home Boarding House Others
 Renting a Room Living with Relatives

How many are you in your present place now? _____

How many persons share the room with you? _____

LEISURE TIME ACTIVITIES

List any social, religious, economic, educational activities.

Membership on Organization

On-Campus _____

Off-Campus _____

Award Received _____

Organizations _____

Hobbies & Interests _____

GENERAL PERSONALITY MAKE-UP

Check one or more of the following words which you feel describe your general personality make-up.

friendly unhappy cheerful
 reserved pessimistic lazy
 stubborn shy submissive
 capable self-confident excited

<input type="checkbox"/> tolerant	<input type="checkbox"/> jealous	<input type="checkbox"/> irritable
<input type="checkbox"/> calm	<input type="checkbox"/> talented	<input type="checkbox"/> poor health
<input type="checkbox"/> anxious	<input type="checkbox"/> quick-tempered	<input type="checkbox"/> frequent daydreaming
<input type="checkbox"/> depressed	<input type="checkbox"/> cynical	<input type="checkbox"/> sarcastic
<input type="checkbox"/> nervous	<input type="checkbox"/> tactful	<input type="checkbox"/> lovable
<input type="checkbox"/> easily exhausted	<input type="checkbox"/> conscientious	<input type="checkbox"/> aloof
<input type="checkbox"/> quiet	<input type="checkbox"/> talkative	Others _____

Significant Events in Your Life: Explain briefly.

What things have caused you most humiliation or sense of failure?

Have you had any counseling previously? Yes No

When? _____ With Whom? _____

Briefly write what seem to be your particular problems in any area of your life.

List three names of persons connected in this university or community, who know you personally.

NAME	OCCUPATION	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GUIDANCE AND COUNSELING ASSISTANCE

What help do you want to obtain from the Guidance and Counseling Center?

GUIDANCE COUNSELOR/ COORDINATOR