

VISION

A globally-recognized institution of higher learning that develops competent and morally upright citizens who are active participants in nation building and responsive to the challenges of 21st century.

MISSION

Batangas State University is committed to the holistic development of productive citizens by providing a conducive learning environment for the generation, dissemination and utilization of knowledge through, innovative education, multidisciplinary research collaborations, and community partnerships that would nurture the spirit of nationhood and help fuel national economy for sustainable development.

CORE VALUES

Faith
Patriotism
Human Dignity
Integrity
Mutual Respect
Excellence



Produced by the
Office of Student Affairs & Services
2017

BATANGAS STATE UNIVERSITY



*Leading Innovations,
Transforming Lives*

Student Welfare

OFFICE OF GUIDANCE
AND COUNSELING

MANUAL

2017 EDITION

The Office of Student Affairs and Services Programs are aligned to the Vision, Mission of the Institution, goals and objectives in accordance with the CMO No. 09 series of 2013

General Functions of the Office of Student Affairs and Services (OSAS)

The OSAS operates within the context of the Mission, Vision, and Core Values of the University. It is directly under the authority of the Office of Vice-president for Academic Affairs, it provides non-academic services that support academic instruction. The OSAS are the services and programs in the university that are concerned with academic support experiences of students to attain holistic student development. The purpose is to facilitate holistic student growth for active participation in the collective efforts to develop the community and build a progressive nation. These non-academic services are student-centered and three-pronged: student welfare services, student development programs and services and institutional student programs and services.

Student Welfare Services are the basic services and programs needed to ensure and promote the well-being of students. **Student Development Services** are services and programs designed for the exploration, enhancement and development of the student's full potential for personal development, leadership and social responsibility through various institutional and/or student-initiated activities. **Institutional Student Programs Services** are services and programs designed to pro-actively respond to the basic health, food, shelter and safety concerns including student with special needs and disabilities and the school. These are programs and activities to facilitate the delivery of essential services to the students. The **Office of Guidance and Counseling** is under the **Student Welfare**.

The Policies and Procedures of the Office of Guidance and Counseling was approved under Resolution No. 549, Series of 2016 during the Fifty-Second (52nd) Regular Meeting of the Batangas State University Board of Regents held at CHED Executive Lounge, HEDC Building, C.P. Garcia Avenue, U.P. Diliman, Quezon City on December 28, 2016.

Office of Guidance and Counseling
bsu_ogcmain@yahoo.com

BatStateU Pablo Borbon Main 1 0998-535-4990 980-0385 loc. 1248 / 1134	BatStateU Lipa City 312-2822 loc. 3104
Pablo Borbon Main II 425-0139 loc. 2147	BatStateU Lobo 417-3396
BatStateU JPLPC Malvar 778-2170 ; 778-6633	BatStateU San Juan 575-5192
BatStateU Balayan 417-6394	BatStateU Lemery 411-0944
BatStateU ARASOF Nasugbu 741-0029 ; 416-0350 ; 706-3487	BatStateU Rosario 321-0861 loc. 4204

TABLE OF CONTENTS

References:

- CHED Memo No. 09 s. 2013
- Republic Act 9258
- Republic Act 9442
- Philippine Guidance and Counseling Association, Inc. Code of Ethics for Counselors & The Counseling Profession Chapter 5 Evaluation, Assessment, and Interpretation Accredited Professional Organization (APO) by the Professional Regulation Commission (PRC)
- CHED Memo No. 21 s. 2006
- University Code
- Student Information Updating Form
- Student Information Sheet
- Request for Certificate of Good Moral Character
- Report of Absences
- Release of Information Form
- Psychometrician Referral Form
- Guidance Counselor Referral Form
- Non-Suicide Contract
- Individual Interview Form
- Home Visit Form
- Exit Interview Form
- Exit Questionnaire for Students
- Counselor's/Facilitator's Evaluation Form
- Counseling Form
- Class Admission Slip
- Closed At Intake Form
- Waiver for Pregnant Student
- OGC Call Slip
- Initial Individual Interview & Career Counseling for OJT
- Post Individual Interview & Career Counseling for OJT
- Post-Sanction Counseling Slip

ARTICLE	PAGE
I - Policy Statement.....	6
II - Scope and Coverage.....	6
<i>Section 1</i>	6
<i>Section 2</i>	7
III - Definition of Terms.....	7
IV - Responsibility of Officials /Personnel.....	8
<i>Section 1: Assistant Director</i>	8
<i>Section 2: Head (Campus)</i>	9
<i>Section 3: Coordinator (College/Department)</i>	10
<i>Section 4: Guidance Facilitator</i>	11
V - Procedures.....	13
<i>Section 1: Distribution, Retrieval and Filing of Student Information Sheet</i>	13
<i>Section 2: Distribution, Retrieval and Filing of Student Information Updating Form (SIUF)</i>	13
<i>Section 3: Individual/Routine Interview</i>	14
<i>Section 4: Walk-in/Intake Interview</i>	14
<i>Section 5: Group Counseling</i>	14
<i>Section 6: Referral for Counseling</i>	15
<i>Section 7: Referral for Further Assistance from Outside Agencies/Organization</i>	16
<i>Section 8: Issuance of Admission Slip</i>	16
<i>Section 9: Follow-up</i>	17
<i>Section 10: Issuance of Certificate of Good Moral Character (CGMC)</i>	17
<i>Section 11: Career Guidance Activities</i>	21
<i>Section 12: Exit Interview</i>	21
<i>Section 13: Evaluation of Guidance Services</i>	21
<i>Section 14: Consultation</i>	22
VI - Confidentiality and Security of Student Records	
<i>Section 1</i>	23

TABLE OF CONTENTS

	PAGE
VII - Mandatory Evaluation and Review.....	23
VI -Effectivity.....	24
Code of Ethics and Provisions on Testing.....	24
Organizational Chart.....	26
Work Instructions	
Assisting and helping walk-in students and Referral for further assistance from outside Professionals, Agencies/Organization.....	27
Conducting Exit Interview.....	30
Conducting Individual / Routine Interview.....	32
Consultation Services.....	34
Distribution, Retrieval and Filing of Student Information Sheet (SIS) and Student Information Updating Form (SIUF).....	35
Group Counseling.....	36
Issuance of Admission Slip.....	37
Issuance of Certificate of Good Moral Character (CGMC).....	39
Referral for Counseling.....	42
Releasing of Information.....	45
Forms	
Student Information Updating Sheet.....	46
Request for Certificate of Good Moral Character.....	46
Report of Absences.....	47
Released of Information.....	48
Psychometrician Referral Form.....	48
Student Information Sheet.....	49
Guidance Counselor Referral Form.....	51
Non-Suicide Contract.....	51
Individual Interview Form.....	52

20. Post Individual Interview & Career Counseling for OJT

POST INDIVIDUAL INTERVIEW & CAREER COUNSELING FOR OJT	
Student's Name: _____	SR Code: _____ Campus: _____
Program: _____	Year & Section: _____
I certify that Mr./Ms. _____ has undergone post individual interview and career counseling.	
Remarks: _____	
_____ Signature over Printed Name Guidance Facilitator	

21. Post-Sanction Counseling Slip

POST-SANCTION COUNSELING SLIP	
	Date: _____
This is to certify that _____ of	
(Name)	
_____ has undergone post-sanction counseling.	
(Dept., Yr/Sec.)	
_____ Guidance Facilitator	_____ Head, OGC

18. Waiver for Pregnant Student

WAIVER FOR PREGNANT STUDENT

Please Check:] GPB Main Campus I] GPB Main Campus II] Nasugbu Campus
] Malvar Campus] Lipa Campus] Lemery Campus
] Rosario Campus] Balayan Campus] San Juan Campus] Lobo Campus

I, _____, certify that I am currently pregnant, in good health and that my parents, physician and/or obstetrician are aware of my attending in school.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury to myself and the child I am bearing, death or damage to personal property, associated with the activities and the events organized by the College of _____, Batangas State University.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature over Printed Name of Student

Date

Signature over Printed Name of Parent

Date

Signature over Printed Name of Physician / Obstetrician

Date

19. Initial Individual Interview & Career Counseling for OJT

INITIAL INDIVIDUAL INTERVIEW & CAREER COUNSELING FOR OJT

Student's Name: _____ SR Code: _____ Campus: _____
 Program: _____ Year & Section: _____

I certify that Mr./Ms. _____ has undergone initial individual interview and career counseling.
 Remarks:

Signature over Printed Name
Guidance Facilitator

TABLE OF CONTENTS

	PAGE
Home Visit Form.....	54
Exit Interview Form.....	54
Exit Questionnaire for Students	55
Counselor's/Facilitator's Evaluation Form.....	57
Counseling Form.....	58
OGC Call Slip.....	58
Class Admission Slip.....	59
Closed At Intake Form.....	59
Waiver for Pregnant Student	60
Initial Individual Interview & Career Counseling for OJT.....	60
Post Individual Interview & Career Counseling for OJT.....	60
Post-Sanction Counseling Slip.....	61
References.....	62

**POLICIES AND PROCEDURES OF THE
OFFICE OF GUIDANCE AND COUNSELING
BATANGAS STATE UNIVERSITY**

The Office of Guidance and Counseling (OGC) is one of the service offices of this University, which extends assistance & guidance to students pertaining to problems in academics and career options, personal problems which concern his/her personality, family problems that affects his/her own peers, their teachers and other individuals, problems with school personnel, psychological problems, educational and career guidance/placement needs. They are unique individuals, who has rights to discover their innate potentials to understand, accept & direct himself/herself towards self-actualization.

The OGC assists in the total growth and development of the students through the various services of the office that assists them in establishing their educational goals, developing a career direction and making personal adjustments to get the most from their college experience. All the services offered by the office are geared towards the attainment of the Batangas State University's mission and vision.

**ARTICLE I
POLICY STATEMENT**

The Office of Guidance and Counseling (OGC) ensures that the students' developmental needs are met through organized activities, program and services. The office implements policies and plans set by the Office of Student Affairs and Services (OSAS) in terms of guidance and counseling. Counseling is the core function of the office. The office is gender sensitive and non-discriminative.

The aims of the office are to help students in facing major challenges in their development from adolescence to adulthood, assist them to know their capabilities and potentials; meet and resolve their problems; and use their knowledge, skills and potentials for themselves, their family and for the service of common people and also provide assistance to other members of the University.

**ARTICLE II
SCOPE AND COVERAGE**

Section 1. The policies and procedures set herein shall be applicable to client of the office of guidance and counseling including students and other members of the University.

16. Class Admission Slip

CLASS ADMISSION SLIP	
Please Check:	<input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> Rosario Campus <input type="checkbox"/> Balayan Campus <input type="checkbox"/> San Juan Campus <input type="checkbox"/> Lobo Campus
Date:	_____
To:	_____ Instructor/ Professor
Please admit _____ of _____, for being absent / late in class from _____ to _____ because _____.	
Remarks:	<input type="checkbox"/> reasonable <input type="checkbox"/> was reminded of the University policy on absences and tardiness <input type="checkbox"/> underwent counseling
Other remarks:	_____
Name of Guidance Counselor/Facilitator	
(OGC's copy)	

17. Closed At Intake Form

CLOSED AT INTAKE FORM				
Please Check:	<input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Rosario Campus	<input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Balayan Campus	<input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> San Juan Campus	<input type="checkbox"/> Lobo Campus
Counselor's Name:			Date:	
Date closed:		College/Department:		
Client's name:		Client signature:		
Please underline: 1. Intake 2. Emergency				
Referral (specify nature of referral): _____				
Disposition: (please encircle your selection)				
<input type="checkbox"/> Closed at Intake <input type="checkbox"/> Referred out at intake. Referred to: _____ Referral confirmed? YES NO <input type="checkbox"/> Extended Intake. (Indicate whether 1 or 2 sessions): <input type="checkbox"/> Others (please specify): _____ _____				

14. Counseling Form

COUNSELING FORM				
Please Check :	<input type="checkbox"/> GPB Main Campus <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Rosario Campus	<input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Balayan Campus	<input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> San Juan Campus	<input type="checkbox"/> Lobo Campus
Name of student:			Date:	
Program, Year & Section:			College/Department:	
Contact No.:				
Nature of visit (please check): <input type="checkbox"/> Walk-in <input type="checkbox"/> Referral: _____				
Problem(s)/ Concern(s) _____ _____ _____				
Action Taken/ Recommendation(s): _____ _____ _____				
Follow up: Date(s): _____ _____ _____				
_____ Counselee		_____ Guidance Counselor		
"-----"-----"-----"-----"				
Counseling slip				
Name of Student:			Date:	
Program, Year & Section:			Session ended:	
_____ Guidance Counselor				

15. OGC Call Slip

OGC CALL SLIP	
Date:	
To:	
Grade/Year Level:	Section:
Please report to the guidance office on: Time: _____ Day: _____	
Signature:	
Name:	
Position/Designation:	

Section 2. The policies and procedures cover the steps in the guidance and counseling services namely: Individual Inventory/Analysis, Referral, Counseling, Placement, Evaluation, Public Relations and Consultation.

ARTICLE III DEFINITION OF TERMS

Section 1. The following terms were defined for better understanding of the policy.

- **Individual Inventory/ Analysis Service.** It is the collection of extensive information about the student for proper understanding, decision making, and placement. It is conducted through the distribution, retrieval and filing of student information sheet and student information updating forms; and individual interview.
- **Counseling.** It is the personal interaction between a counselor and counselee/s, where the counselor employs methods, approaches or techniques to enhance the counselee's interpersonal and intrapersonal development, career counseling and competencies. Counseling may be conducted individually or in groups. Students avail of the counseling service by routine interview, walk-in or by referrals. Follow-up and issuance of admission slip is also part of counseling service. It is gender sensitive and non-discriminative.
- **Placement.** It provides assistance for student's movement to the appropriate educational program; entry into the appropriate co-curricular and extra-curricular; pursuit of further education or employment upon leaving the institution. Placement service includes issuance of Certificate of Good Moral Character and Career Guidance.
- **Evaluation.** It is the process of determining whether the services offered by the OGC have attained their objectives and are meeting the needs of the clientele; the personnel have satisfactorily performed their functions; and facilities have been adequate.
- **Public Relations.** It is the explanation that guidance's roles and functions, program and services, and benefits to insiders and outsiders leads to an understanding of Guidance activities and services. Public Relations are done through seminars, workshops, for new faculty counselors/ guidance counselor, peer counselors, and parents through different linkages.

- **Consultation.** It refers to the mutual sharing and analysis of information with the administration/ management, faculty and parents to facilitate decision making and learning about strategies for helping the counselee.
- **Concerned Individuals.** It refers to any person/s aside from faculty, parents, university officials and students who is/are involved in helping the student cope up with his/her problem/s and attain his/her total growth and development.
- **Admission Slip.** A form used by the office to inform the teacher/s concerned the reason/s of the student/s' absences and serves as a pass in order for the student to be admitted in class.

**ARTICLE IV
RESPONSIBILITY OF OFFICIALS/PERSONNEL**

Section 1. Assistant Director, Office of Guidance and Counseling. Under the supervision of the of the director of Office of Student Affairs and Services (OSAS), the assistant director of the Office of the Guidance & Counseling (OGC) shall be responsible for assisting the director in directing and coordinating all guidance and counseling needs of the students of university:

1.1 Assist in the administration and clarification of policies and procedures related to OGC.

1.2 Assist in the supervision of the Heads/Coordinators and staff in the monitoring of students, and preparation of pertinent reports and coordination of all activities with the concerned offices.

1.3 Promote the aim of the University to cause the formation of young men and women for intellectual, moral and professional competence as prerequisites to living a fully human life with a responsible involvement in the development of the community.

1.4 Plan and prepare the guidance and counseling program, together with the heads/coordinators/persons-in-charge of campuses/colleges /departments in accordance with the University vision and mission.

1.5 Make a proposal to the higher authorities that a budget allocation be made annually to finance all the guidance and counseling programs and activities of the university.

13. Counselor's/Facilitator's Evaluation Form

COUNSELOR'S/FACILITATOR'S EVALUATION FORM						
Please Check :	<input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Rosario Campus	<input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Balayan Campus	<input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> San Juan Campus	<input type="checkbox"/> Lobo Campus		
OPTIONAL						
Name:						Sex:
Program :			Yr. Level:		Date:	
PLEASE USE THE SCALE TO ANSWER THE FOLLOWING ITEMS BELOW AND MAKE COMMENTS. THANK YOU.						
Name of Counselor/Facilitator:						
Please encircle the number closest to your response per item by using the scale below: 5 – Strongly Agree (SA) 3 – Uncertain (U) 1 – Strongly Disagree (SD) 4 – Agree (A) 2 – Disagree (D) 0 – No basis for evaluation (NB)						
COUNSELING						
Items	S A	A	U	D	S D	N B
After my session with my counselor/facilitator, I gained a better understanding of myself in terms of:						
1.1 Personal Issues	5	4	3	2	1	0
1.2 Career options	5	4	3	2	1	0
1.3 Academic concerns	5	4	3	2	1	0
1.4 Relationship problems	5	4	3	2	1	0
1.5 Family problems	5	4	3	2	1	0
1.6 Other (pls. specify) _____	5	4	3	2	1	0
Counseling helped me identify ways of coping with my issues and concerns.	5	4	3	2	1	0
After counseling, I am able to realize possible options and solutions to my identified problems.	5	4	3	2	1	0
After counseling, I realized that I need to further improve my behavior and attitude if I really want to make a difference in my life.	5	4	3	2	1	0
After counseling, I realized that I always have a choice and whatever choice I make I am fully responsible for its consequences.	5	4	3	2	1	0
I feel relieved after counseling.	5	4	3	2	1	0
COUNSELOR						
I felt that the counselor actively and patiently listened to me.	5	4	3	2	1	0
During counseling, I felt the genuine friendliness, cheerfulness, and warmth of the counselor.	5	4	3	2	1	0
I felt I can trust the counselor.	5	4	3	2	1	0
The counselor showed acceptance and understanding.	5	4	3	2	1	0
Seeing the counselor was worth my time.	5	4	3	2	1	0
II. Strength/s of the Service						
III. Weaknesses of the Service						
IV. Recommendations						

12. Exit Questionnaire for Students page 2 of 2

10. What do you suggest to improve the curriculum of the program?

11. What available equipment is most important/useful in your program?

Are these functional? [] Yes [] No

12. What other equipment not available in the college are necessary for the effective operation of the program?

13. How does the college cope with the lack of this equipment?

Questionnaire for Program Process

14. What teaching method(s) used by the teacher do you consider most effective? Why?

Method	Reason
_____	_____
_____	_____

15. Do you prefer a male or a female instructor? Why?

16. What can you say about the relevance and implementation of the policies regarding the following?

- a.) Admission of students _____
- b.) Retention of students _____
- c.) Graduation of students _____
- d.) Maintenance of discipline _____
- e.) Student Activities _____
- f.) Student Services _____
 - Scholarships _____
 - Library _____
 - Medical/dental _____
 - Canteen/food _____
- g.) Others _____

17. Would you want your children/siblings to take up the same degree as yours at BatStateU? Why or why not?

Signature over Printed Name of Student

Note: Please bring a Photocopy of a Valid ID of your parent/guardian.

Thank you!

1.6 Assess needs for research and program development.

1.7 Ensure that ethical standards are observed by the guidance personnel.

1.8 Identify programs for student development and value formation.

1.9 Gather valid and reliable bases of information on matters pertaining to student behavior and other concerns.

1.10 Extend assistance and guidance to students in matters pertaining to personal problems that affect their behavior, academic performance and relationship with others.

1.11 Conduct activities on issues and concerns to enhance the students' holistic development.

1.12 Recommend to the proper authority to designate counselors in each college/ department.

1.13 Perform other related tasks as required by higher authorities.

The Office of Guidance and Counseling will determine whether the campus will have a Head or Coordinator based on its student population.

Section 2. Head, Office of Guidance and Counseling (Campus). Under the supervision of the Director of OSAS and Assistant Director of Office of Guidance and Counseling, the Head shall be responsible for directing and implementing all OGC programs and activities of the university in their respective campus. The campuses which have an OGC Head are: BatStateU Main I, Batangas City, BatStateU Main II, Batangas City, BatStateU ARASOF-Nasugbu, BatStateU Lemery, BatStateU Lipa City, BatStateU JPLPC-Malvar and BatStateU Rosario.

2.1 Monitor the performance and activities conducted by the guidance personnel together with the peer facilitators.

2.2 Coordinate with the offices under OSAS in the conduct of orientation services for freshmen students, transferees and old students in their respective campus.

2.3 Gather complete student data for individual inventory as basis for counseling services.

2.4 Conduct consultation with parents on updates on student's problems related to academic performance, behavior and social relationships.

2.5 Spearhead case conference with the guidance coordinators and facilitators in the guidance office.

2.6 Assist students who sought counseling, planning and implementing his/her immediate and long range academic goals.

2.7 Participate in the conduct of career orientation lectures/talk, seminars for students and career guidance related seminars and workshops.

2.8 Provides recommendations, conducts exit interview and issues certificates of good moral character.

2.9 Participate in the formulation of action plan and submit reports pertaining to OGC services.

2.10 Perform other tasks which may be assigned by the higher authorities.

Section 3. Coordinator, Office of Guidance and Counseling (College/Department). Under the supervision of the Director of OSAS and Assistant Director of Office of OGC, the Coordinator shall be responsible for directing and implementing all OGC programs and activities in their respective campus. The campuses which have an OGC Coordinator are: BatStateU Lobo, BatStateU Balayan and BatStateU San Juan.

3.1 Coordinates with OSAS and help in the orientation services for students.

3.2 Helps in the distribution, retrieval and records the Student Information Sheet (SIS) and Student Information Updating Form (SIUF) which serves as basis for counseling.

3.3 Helps in the coordination of training programs for the holistic growth and development of the students and other members of the University.

3.4 Attends career guidance related seminars and workshops.

3.5 Issues recommendations, good moral certificates, conducts exit and individual interviews in the absence of the guidance head.

12. Exit Questionnaire for Students page 1 of 2

EXIT QUESTIONNAIRE FOR STUDENTS		
Please Check: <input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> Rosario Campus <input type="checkbox"/> Balayan Campus <input type="checkbox"/> San Juan Campus <input type="checkbox"/> Lobo Campus		
DATE: _____ SR Code : _____		
A. Program Context		
1. Why did you enter the _____ program/course at BatStateU?		

2. Which of your personal needs are being satisfied by the program/course? Why or why not?		

B. Program Inputs		
3. How would you describe the students who enter the program? Why?		

4. Do you think gender is a consideration for admission? Why or why not?		

5. What qualities do you believe are necessary for a student to be retained in the program?		

6. Do you believe the faculty members have the qualities necessary to attain the objectives of the program? Why or Why not?		

7. Do you consider the curriculum of the program relevant? Why or Why not?		

8. Which three subjects/courses do you consider most useful or relevant among the subjects/courses you are taken?		
Subjects/Courses	Reason	
_____	_____	
_____	_____	
_____	_____	
9. Which three subjects/courses do you consider least useful among the subjects/courses you have taken?		
Subjects/Courses	Reason	
_____	_____	
_____	_____	
_____	_____	

10. Home Visit Form

HOME VISIT FORM				
Please Check:	<input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Rosario Campus	<input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Balayan Campus	<input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> San Juan Campus	<input type="checkbox"/> Lobo Campus
Last attendance (Semester & A.Y.):			Date Filed:	
Last Name:		First Name:		M.I.:
Program/Year/Section:			SR Code:	
Department/College:			Year level:	
Home Visitor's Name:				
Date and time of Home Visit:				
Expected home visit outcomes:				
Activities:				
Comments about home visit:				
Signature over Printed Name (Parent)				
Noted:				
Guidance Counselor		Adviser/Program Chair		College Dean
Date: _____	Date: _____	Date: _____	Date: _____	
Remarks: _____	Remarks: _____	Remarks: _____	Remarks: _____	

11. Exit Interview Form

EXIT INTERVIEW FORM				
Please Check:	<input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Rosario Campus	<input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Balayan Campus	<input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> San Juan Campus	<input type="checkbox"/> Lobo Campus
<input type="checkbox"/> Shifter <input type="checkbox"/> Transferee		Last Attendance (Semester & A.Y.):		Date Filed:
Last Name:		First Name:		M.I.:
Department:		Program:		SR Code:
Year level:		Reason for Shifting/Transferring:		
Noted:			Interviewed by:	
Parent/Guardian		Adviser/Program Chair		College Dean
Date: _____	Date: _____	Date: _____	Date: _____	
Remarks: _____	Remarks: _____	Remarks: _____	Remarks: _____	
Guidance Counselor/Facilitator			Date: _____	
Remarks: _____			Remarks: _____	

Section 4. Guidance Facilitator, Office of Guidance and Counseling. Under the supervision of the Director of OSAS, Assistant Director of Office of Guidance and Counseling and the Guidance Head, the duties and responsibilities of the Guidance Facilitator are the following:

- 4.1 Conducts guidance orientation for students and faculty.
- 4.2 Distributes, retrieves and organizes student information sheets (SIS) and student information updating form (SIUF).
- 4.3 Maintains and updates students' cumulative records.
- 4.4 Conducts routine interview with freshmen and transferees.
- 4.5 Conducts exit interviews for transferees, shifters and graduating students.
- 4.6 Facilitates student appraisal through referrals.
- 4.7 Issues certificate of good moral character in the absence of the guidance head and coordinator.
- 4.8 Evaluates the guidance services.
- 4.9 Conducts educational seminars on the holistic development of the students.
- 4.10 Coordinates guidance activities with the College Deans.
- 4.11 Facilitates case consultations.
- 4.12 Identifies students requiring further assessment, counseling, interventions, and outside referral.
- 4.13 Partakes in the planning, development, implementation and evaluation of plan of action and calendar of activities.
- 4.14 Collaborates with the Office of Student Organizations and Activities (SOA) and the Office of Student Discipline (OSD) in the planning and conduct of orientation for freshmen and transferees.
- 4.15 Conducts students' needs assessment.
- 4.16 Communicates students' assessment and feedback on student appraisal to the Guidance Head.

- 4.17 Conducts classroom visitations and group dynamic activities.
- 4.18 Conducts individual and group guidance.
- 4.19 Participates in career guidance activities organized for high school and college students in the University and of the private and public schools in and outside the Batangas province.
- 4.20 Maintains and updates bulletin boards.
- 4.21 Issues admission slip.
- 4.22 Maintains logsheet/logbook for clientele and visitors.
- 4.23 Attends regular meetings.
- 4.24 Participate in the employee development and cultural activities of the University.
- 4.25 Attends and conducts echo trainings and seminar-workshops for guidance personnel.
- 4.26 Submits evaluation, summary reports, and accomplishment reports to the guidance head.
- 4.27 Gives the counselor's evaluation form to student/s after every session.
- 4.28 Retrieves and tallies the result of the evaluation forms.
- 4.29 Maintains harmonious working relationships among stakeholders of the University.
- 4.30 Practices ethics in guidance and counseling (see ACA Code of Ethics).
- 4.31 Performs other related tasks that may be assigned by higher authorities.

9. Individual Interview Form page 2 of 2

E. OTHER PERSONAL CIRCUMSTANCES /FEATURES			
Friends in the University:			
Friends outside the University:			
Special Interests:			
Special Skills/Talents:			
Hobbies/Recreational Activities:			
Ambitions/Goals:			
Guiding Principle in Life / Motto:			
Characteristics that describes You best:			
State the most significant event in your life:			
Present CONCERNS/PROBLEMS:			
Present FEARS:			
EXPECTATIONS in Batangas State University:			
How do you see yourself ten years from now?			
State your DREAMS & ASPIRATIONS IN LIFE.			
How did you choose your present course. (Please check):			
<input type="checkbox"/> Family tradition or suggestion		<input type="checkbox"/> My personal interest	<input type="checkbox"/> Friend's or teacher's advise
<input type="checkbox"/> Choice was forced upon me		<input type="checkbox"/> Good financial prospects	<input type="checkbox"/> My parents' decision
<input type="checkbox"/> I have a calling for this work		<input type="checkbox"/> It is the vocation of someone I admire or respect	
<input type="checkbox"/> Best suited to my interests/abilities		<input type="checkbox"/> Others (pls. specify) _____	
F. PREVIOUS PSYCHOLOGICAL CONSULTATIONS			
Have you consulted a Psychiatrist before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when? _____		For how many sessions/ how long? _____	
For what reason? _____			
Have you consulted a Psychologist before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when? _____		For how many sessions/ how long? _____	
For what reason? _____			
Have you consulted a Counselor before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when? _____		For how many sessions/ how long? _____	
For what reason? _____			
Counselor's Name: _____		Where: _____	
Any test given? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind? _____			
Are taking any medications right now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes what kind? _____			
When did you start taking it? _____ Frequency: _____			
I certify that all the facts and information stated in this form are true and correct.			
_____ Signature Over Printed Name of Student			_____ Date
Please check :			
<input type="checkbox"/> Freshman	<input type="checkbox"/> Transferee	<input type="checkbox"/> Old Student	<input type="checkbox"/> Foreign Student

9. Individual Interview Form page 1 of 2

INDIVIDUAL INTERVIEW FORM			
Name:		Date:	
Program/Year:	Age:	Sex:	Mobile No.:
A. EDUCATIONAL INFORMATION			
Why are you in your present academic program? _____			
Easiest subject/course:			
Most difficult subject/course:			
Subjects with Lowest Grades/What Grades:			
Subjects with Highest Grades/What Grades:			
B. FAMILY BACKGROUND			
	Father (Mark with † if deceased)	Mother (Mark with † if deceased)	
Name:			
Present Address:			
Permanent Address:			
Home Phone:			
Mobile Phone:			
Email Address:			
Educational Attainment:			
Occupation:			
Business Address			
Business Telephone #:			
Annual Income (optional)			
Language/s Spoken			
Religion:			
Parent Status:			
Put a (/) check mark on the appropriate space :			
<input type="checkbox"/> Living Together		<input type="checkbox"/> Temporarily Separated	
<input type="checkbox"/> Mother, OFW		<input type="checkbox"/> Permanently separated	
<input type="checkbox"/> Father, OFW		<input type="checkbox"/> Marriage annulled/legally separated	
Guardian (if not living with Parents):		Relationship:	
Address:			
Telephone of Guardian, Landline:		Mobile No.:	
Person to contact in case of emergency:		Contact No.	
C. CO-CURRICULAR ACTIVITIES (Note: Use extra sheets if necessary)			
Membership in Organizations			
Inside The University		Outside the University	
_____		_____	
_____		_____	
_____		_____	
D. PERSON/S WHO GREATLY INFLUENCE YOUR LIFE			
Name:		Relationship:	
Briefly state why: _____ _____			

ARTICLE V PROCEDURES

Section 1. Distribution, Retrieval and Filing of Student Information Sheet (SIS). The Student Information Sheet (SIS) is being used to gather pertinent information about the first year college students and transferees regarding their educational background, personal information, family background, motivations, health and others.

1.1 The OGC coordinates with the class adviser, officers and peer facilitators for the distribution and retrieval of the SIS forms. The SIS provides the Office information about the first year students and transferees regarding their general information.

1.2 The information sheets shall then be forwarded to the guidance office of the college/ department where the student is enrolled.

1.3 The guidance head/ coordinator/ In-charge/ facilitator files and organizes the SIS.

Section 2. Distribution, Retrieval and Filing of Student Information Updating Form (SIUF). This form is being used to update some of the basic information in the student information sheet.

2.1 The OGC provides all extension campuses with the SIUF to update basic information of the student.

2.2 The guidance head/ coordinators/ In-charge/ facilitator of guidance and counseling in coordination with the class adviser and class officers distributes and retrieves the SIUF from 2nd year to 4th / 5th year students of their respective department/ college.

2.3 The guidance head/ coordinators/ in-charge/ facilitator files and organizes the SIUF together with the SIS in the guidance office of each campus/college/ department.

Section 3. Individual/Routine Interview. The Office of Guidance and Counseling conducts Individual/Routine Interview for basic information gathering, history taking, establishing a good rapport and encourages students to visit the guidance office of the department or college.

3.1 The guidance head/ coordinator/ in-charge/ facilitator coordinate with the Deans/ Associate Deans to ensure a systematic scheduling of individual interview sessions and informs the students through class visits or through call slips.

3.2 Students are required to visit the office before and after having their On-The-Job Training (OJT) for briefing, assessment, evaluation and career counseling.

3.3 Interview sessions per student may take 10 to 20 minutes.

3.4 Remarks of the session shall be properly logged.

3.5 Students shall log in the OGC logbook and answer a Counselor's Evaluation Form for proper recording and evaluation.

Section 4. Walk-in/Intake Interview.

4.1 Students may visit the office for assistance.

4.2 Individual counseling is conducted in the guidance nook to ensure confidentiality.

4.3 Guidance counselor/facilitator guides individual student with his/her holistic development by facilitating meaningful understanding of self and his/her environment.

4.4 Students shall log in the OGC logbook and answer a Counselor's Evaluation Form for proper recording and evaluation.

Section 5. Group Counseling. Group counseling aims to assist individuals with the same concern/s in understanding themselves so that they can work out and collectively address their concerns.

5.1 The guidance counselor/facilitator identifies students with similar personal needs and concerns.

7. Guidance Counselor Referral Form

GUIDANCE COUNSELOR REFERRAL FORM		
Date:		
To: The Guidance Counselor		
The following student/s is/are referred to your office for testing.		
Name:	Program/Year Level	Reason/s for Referral
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Referred by:		
Position:		

8. Non-Suicide Contract

NON-SUICIDE CONTRACT		
Please Check: <input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> Rosario Campus <input type="checkbox"/> Balayan Campus <input type="checkbox"/> San Juan Campus <input type="checkbox"/> Lobo Campus		
I, _____ (name) _____, a student of Batangas State University agree that so long as I am a client of _____ (name) _____ I take the responsibility for my welfare and agree that I will not attempt to cause harm to myself.		
I promise not to attempt to commit suicide. I agree to get rid of all thoughts and activities that would result in intentionally causing harm or death.		
If ever I am having thoughts of suicide, a feeling like I want to kill myself, and/or having the urge to cause harm to myself, I will:		
1. Remind myself that _____ (Parents/Friend's Name) _____ and _____ (Parents/Friend's Name) _____ care deeply for me and do not want me to harm myself.		
2. Remind myself that I will never attempt to commit suicide.		
3. I will call my parents, guardians, friends immediately if I feel that I could hurt myself at that moment.		
4. I will call the following phone numbers if I am feeling suicidal or if I feel that I cannot keep this promise.		
I realize that this contract is part of my counseling contract with my counselor/facilitator at the Office of Guidance and Counseling.		
I agree to come to my next appointment on _____ with _____.		
Signature over Printed Name of Student		Date Signed

6. Student Information Sheet page 2 of 2

LIVING ARRANGEMENT

Parents (Pls. Check)

Living together _____
 Permanently separated _____
 Legally Separated/ Marriage annulled _____

Own House _____ Living with Relatives _____ Boarding House _____ Apartment _____

Address: _____
 Telephone No. _____ Name of land lady/lord _____

MEDICAL HISTORY

Have you received therapy, counseling or treatment in the past? Yes _____ No _____

When? _____ With whom? _____
 Please describe any current medical condition or history pertinent to problem: _____

Please describe any family history of medical and/or psychological problems: _____

Are you currently taking any medications? Yes _____ No _____ (If YES, Please list them below):

Medication _____

Dosage _____

Frequency _____

Indicate which might have applied during your childhood and/or adolescence:

School Problems _____ Medical Problems _____ Legal Problems _____

Family Problems _____ Social Problems _____ Drug/Alcohol Problems _____

Are you enjoying any scholarships now? (Pls. Check)

Yes _____ No _____

Pls. specify what kind: _____

Other person/s who financially supports you _____

Thank you for taking the time to complete this form!
 The information you have provided will enable us to better serve your needs.

Authorization and Consent to Release Information

I, the undersigned, hereby authorize the Office of Guidance and Counseling (OGC) to release any information that may have been obtained from my physical, psychological and psychiatric examination or treatment, with the understanding that the OGC will use the aforementioned in determining my admission, retention and/or dismissal from this institution. I also allow the Office of Guidance and Counseling (OGC) to use the information for research purposes.

 Signature over Printed Name

 Date

5.2 The group of students meet with the guidance counselor /facilitator in the guidance office to ensure privacy and confidentiality.

5.3 Before the mutual sharing, the guidance counselor /facilitator informs the nature and extent of confidentiality in group counseling.

5.4 The member of the group discuss personal experiences pertaining to a specific concern through the help of the guidance counselor/facilitator.

5.5 Schedules of visits to the guidance office shall be strictly observed.

5.6 Schedules for group counseling sessions are predetermined.

5.7 Students shall log in the OGC logbook and answer a Counselor's Evaluation Form for proper recording and evaluation.

Section 6. Referral for Counseling. Faculty, parents, university officials, students and concerned individuals may make referrals to the guidance office. Referrals are advisable to students who need assistance from the counselor/facilitator who have learning difficulties, absenteeism, have difficulty with inter-personal relationships, manifest observable changes in behavior and the like.

6.1 The guidance counselor/facilitator provides faculty members/ class advisers of counseling referral forms which are also available at the dean's office and faculty room.

6.2 If the instructor/ professor see a need for counseling, referral for counseling is done.

6.3 The guidance counselor/facilitator issues a call slip to the concerned student or through the class adviser.

6.4 Individual or group counseling is conducted as scheduled.

6.5 The guidance counselor/facilitator provides a copy of the counseling slip with counselor's remarks to the teacher concerned.

6.6 Students shall log in the OGC logbook and answer a Counselor's Evaluation Form for proper recording and evaluation.

Section 7. Referral for Further Assistance from Outside Agencies/Organization.

7.1 Referral for further assistance from outside agencies/organization occurs when the guidance counselor/facilitator assesses and sees that the case at hand is beyond his/her capacity.

7.2 In cases professional help is needed, further assistance is sought in coordination with outside agencies and organizations.

7.3 A case conference between the OGC personnel can be done to come up with the best appropriate decision regarding the case at hand.

7.4 Parents and guardians must be notified in writing.

7.5 Faculty, concerned individuals, guidance counselor and members of the administration can initiate the referral process with due notification to the assistant director of OGC. They may assume responsibility of making referrals to outside agencies for further assistance.

7.6 Available referral form from outside agencies is filled out by the adviser/concerned teacher/ parent/ guidance counselor and concerned individuals that observed or felt the need to refer their student/s to outside agencies/ organizations/individuals.

7.7 Documents and procedures done for referrals are logged in the guidance log book.

Section 8. Issuance of Admission Slip. The admission slip is issued to student/s who will be absent/late. This is one way to prevent absenteeism and tardiness and determine its cause/s.

8.1 The faculty concerned may require the student, who will be absent or late, to get an admission slip from the guidance office.

8.2 The faculty concerned must fill out the report of absences form for the OGC to know and monitor how many absences did the concerned student already acquired.

8.3 Admission slip shall at all times be issued by the office upon the request of any faculty concerned.

6. Student Information Sheet page 1 of 2

STUDENT INFORMATION SHEET			
Please Check: <input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Nasugbu Campus			
<input type="checkbox"/> Malvar Campus <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Lemery Campus			
<input type="checkbox"/> Rosario Campus <input type="checkbox"/> Balayan Campus <input type="checkbox"/> San Juan Campus <input type="checkbox"/> Lobo Campus			
NOTE: In every person's life is a developing story. The person you are today is a result of your experiences and upbringing, dreams and desires. Sometimes it is tempting to rush through forms like this, please take some time to reflect on your life. The OGC promises to abide by the confidentiality statement explained in the counseling agreement. Please read carefully the last part (at the back) of this form/sheet before you sign.			
PERSONAL HISTORY		Date: _____	SR Code: _____
Full Name _____		Program/Year _____	
Address (Home) _____			
Home Phone No. _____		Date of Birth _____	
Mobile No. _____		Age _____	
E-mail address _____		Gender _____	
Civil Status _____		Spouse's Name (if married) _____ Spouse's	
Contact No. _____			
Religion _____			
Name of Father (if living) _____		Name of Mother (if living) _____	
Age _____		Age _____	
Office No. _____		Office No. _____	
Mobile No. _____		Mobile No. _____	
Highest Educational Attainment _____		Highest Educational Attainment _____	
Occupation _____		Occupation _____	
Name of Company _____		Name of Company _____	
Nature of Business _____		Nature of Business _____	
If OFW (what country?) _____		If OFW (what country?) _____	
Monthly Income (Pls. Check one) _____		Monthly Income (Pls. Check one) _____	
Below 5000 _____		Below 5000 _____	
5000-15,000 _____		5000-15,000 _____	
16,000-25,000 _____		16,000-25,000 _____	
26,000-35,000 _____		26,000-35,000 _____	
36,000-45,000 _____		36,000-45,000 _____	
46,000-55,000 _____		46,000-55,000 _____	
56,000 & above _____		56,000 & above _____	
Guardian's Name: _____		Relation to you: _____	
Home Address: _____			
Home No. _____		Mobile No/s. _____	
SIBLINGS			
	NAME	SCHOOL/COMPANY	AGE
EDUCATIONAL HISTORY			
	SCHOOLS ATTENDED	YEAR GRAD- UATED	HONORS/AWARDS RECEIVED
Elementary			
High School			
College			
Others (pls. specify)			

4. Release of Information Form

RELEASE OF INFORMATION FORM																																			
Please Check: <input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Nasugbu Campus																																			
<input type="checkbox"/> Malvar Campus <input type="checkbox"/> Lipa Campu <input type="checkbox"/> Lemery Campus																																			
<input type="checkbox"/> Rosario Campus <input type="checkbox"/> Balaan Campus <input type="checkbox"/> San Juan Campus <input type="checkbox"/> Lobo Campus																																			
<p>In order to protect your right to confidentiality, your written authorization is required if you request information to be released to another person or agency. Counseling records are kept separate from your educational record for confidentiality purpose. However, letters written to faculty and staff, for petitions, for recommendations, or other such released information becomes the property of the recipient, and in some cases, may become a part of your educational record.</p> <p>This form authorizes the Office of Guidance and Counseling to release information concerning:</p>																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="4">Client's Complete Name:</td></tr> <tr><td colspan="2">Program and Section:</td><td colspan="2">I.D. Number:</td></tr> <tr><td colspan="4">Present Home Address:</td></tr> <tr><td colspan="2">Mobile Number:</td><td colspan="2">Home Tel. Number:</td></tr> <tr><td colspan="4">To the following person or agency:</td></tr> <tr><td colspan="4">Name of Person or Agency:</td></tr> <tr><td colspan="4">Mailing Address:</td></tr> <tr><td colspan="4">Phone Number/s:</td></tr> </table>				Client's Complete Name:				Program and Section:		I.D. Number:		Present Home Address:				Mobile Number:		Home Tel. Number:		To the following person or agency:				Name of Person or Agency:				Mailing Address:				Phone Number/s:			
Client's Complete Name:																																			
Program and Section:		I.D. Number:																																	
Present Home Address:																																			
Mobile Number:		Home Tel. Number:																																	
To the following person or agency:																																			
Name of Person or Agency:																																			
Mailing Address:																																			
Phone Number/s:																																			
Such information may include a summary of any diagnostic, treatment, or testing information that is in my file at the Counseling Center.																																			
_____ Client's Signature (18 years old and above)		_____ Parent's or Guardian's Signature over Printed Name (for Client's below 18 years old)																																	
_____ Date Signed		_____ Date Signed																																	

5. Psychometrician Referral Form

PSYCHOMETRICIAN REFERRAL FORM		
Date:		
To: The Psychometrician		
The following student/s is/are referred to your office for testing.		
Name:	Program/Year Level	Reason/s for Referral
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Referred by:		
Position:		

8.4 The student must present an excuse letter and medical certificate to the guidance office with the photocopy of his/her parent/s or guardian/s I.D. who signed the excuse letter in case of health reason/s.

8.4.1 In case of death of an immediate family, the student must provide a death certificate.

8.4.2 For school related activities, the student must provide the approved letter of the activity.

8.5 The guidance counselor/facilitator checks and validates the presented documents.

8.6 The student will be interviewed regarding his/her tardiness and/or absences and reminded about the university's policies regarding attendance.

8.7 The guidance counselor/facilitator evaluates the reason/s for being tardy and/or absent.

8.8 The guidance counselor/facilitator fills out and signs the admission slip.

8.9 The student signs in the logbook.

8.10 The student presents the admission slip to his/ her instructor for him/ her to be admitted in class.

Section 9. Follow-up. Follow-up shall be conducted by the Office of Guidance and Counseling to check the condition of the student/s, particularly those in very difficult condition in need of additional intervention/s. It also gives the office the opportunity to evaluate the effectiveness of its services.

9.1 The guidance counselor/facilitator may conduct follow up to determine whether further assistance is necessary.

9.2 The guidance counselor/facilitator reviews records and chooses a counselee to visit or a faculty adviser to follow up the student's status.

9.3 The actions taken are logged in the OGC log book.

Section 10. Issuance of Certificate of Good Moral Character (CGMC).

10.1 The student gets request for certificate of good moral character (CGMC) from the office of guidance and counseling. The CGMC shall only be issued for

educational and employment purposes.

10.2 For school requirement, students must observe the following procedures and requirements.

- 10.2.1** Secure an exit interview questionnaire and exit interview for from the OGC
- 10.2.2** Fill out the forms and secure signatures from the parent/guardian, school adviser and college Dean.
- 10.2.3** Submit the accomplished forms to the OGC, attached is the ph to copy of the parent's/guardian's valid I.D.
- 10.2.4** The student will undergo an exit interview with the guidance counselor/facilitator.
- 10.2.5** Secure a request slip for Certificate of Good Moral Character (CGMC).
- 10.2.6** Secure the signature of the Discipline Head/Coordinator.
- 10.2.7** Pay the corresponding amount at the cashier's office.
- 10.2.8** Provide a documentary stamp.
- 10.2.9** Submit the accomplished exit interview form, request slip
- 10.2.10** The student must log in the OGC logbook after receiving the CGMC.
- 10.2.11** Secure the signature of the OGC Head/Coordinator. In the absence of the Head or Coordinator, the OGC Assistant Director/OSAS Director/College Dean/Dean of Colleges or Associate Dean may sign in the CGMC
- 10.2.12** Secure the University's dry seal at the registrar's office. In Arasof-Nasugbu Campus, the concerned individual can secure the University's dry seal at the guidance office.

10.3 For employment, licensure examinations and further studies, the concerned individual must observe the following procedures and requirements.

- 10.3.1** Secure a request slip for CGMC from the OGC.
- 10.3.2** Secure the signature of the Discipline Head/Coordinator
- 10.3.3** Pay the corresponding amount at the cashier's office.
- 10.3.4** Provide a documentary stamp.
- 10.3.5** Submit a photocopy of diploma or transcript of records, request slip for CGMC and official receipt to the OGC.
- 10.3.6** The concerned individual must log in the OGC logbook after receiving the CGMC.
- 10.3.7** Secure the signature of the OGC Head/Coordinator. In the absence of the Head or Coordinator, the OGC Assistant Director/ OSAS Director/College Dean/Dean of Colleges or Associate Dean may sign in the CGMC.

2. Request for Certificate of Good Moral Character (Back Page)

General Procedure:

1. Secure the signature of the Office of Student Discipline (OSD) Head/Coordinator.
2. Pay a fee of thirty pesos (Php 30.00) at the Cashier's Office. Be sure to secure the official receipt.
3. Secure documentary stamp at the BIR.

Note: For OJT purposes and Students who will represent the University in regional, national and international competitions payment is not required.

Requirements Needed: (Depending on the purpose)

A. For school requirement: (Transferees)

1. Present the accomplished Exit Interview Form.

B. For employment, licensure examinations and further studies:

1. Submit a photocopy of diploma or Transcript of Records (TOR).

C. For scholarship purposes:

1. Submit a photocopy of application form of scholarship
2. Submit a photocopy registration form (current semester)
3. Submit a photocopy grades from previous semester

D. For TOSA applicants:

1. Submit a photocopy of TOSA application form of scholarship (for scholars only),
2. Submit a photocopy registration form (current semester)
3. Submit a photocopy of any proof of application of honors/awards to any organization.

E. For OJT purposes: (No payment)

1. Submit a photocopy of registration form (current semester), Request for Certificate of Good Moral Character (CGMC) Form signed by the OSD and OJT Coordinator.
2. Undergo initial interview/career advising and mentoring for assessment.

F. For students who will represent the University in regional/ national /international competitions: (No payment)

1. Submit a photocopy of registration form (current semester)
2. Submit a photocopy of an approved letter of the event and;
3. Submit a photocopy of any proof that the student is part of the competition (invitation, application or line-up of players).

3. Report of Absences

REPORT OF ABSENCES				
Please Check:	<input type="checkbox"/> GPB Main Campus I	<input type="checkbox"/> GPB Main Campus II	<input type="checkbox"/> Nasugbu Campus	
	<input type="checkbox"/> Malvar Campus	<input type="checkbox"/> Lipa Campus	<input type="checkbox"/> Lemery Campus	
	<input type="checkbox"/> Rosario Campus	<input type="checkbox"/> Balayan Campus	<input type="checkbox"/> San Juan Campus	<input type="checkbox"/> Lobo Campus
Student's Name:		Year Level:	Program:	
Section:			AY:	
Course:		Schedule:		
Number of Absences:		Date/s:		
Remarks:				
	___	First Warning	___	Last Warning
	___	Second Warning	___	Dropped
_____ (Signature Over Printed Name) Instructor				Date: _____

Forms

1. Student Information Updating Form

STUDENT INFORMATION UPDATING FORM			
<input type="checkbox"/> GPB Main Campus I	<input type="checkbox"/> GPB Main Campus II	<input type="checkbox"/> Nasugbu Campus	<input type="checkbox"/> Lobo Campus
<input type="checkbox"/> Malvar Campus	<input type="checkbox"/> Lipa Campus	<input type="checkbox"/> Lemery Campus	
<input type="checkbox"/> Rosario Campus	<input type="checkbox"/> Balayan Campus	<input type="checkbox"/> San Juan Campus	
Semester:	AY:	Academic Program:	Year Level:
Last name:		First name:	M.I.:
Contact no:		Email Address:	
Present Address:			
Civil Status:	If married, name of Spouse:		
Person to be informed in case of emergency:			
Relationship:		Contact No:	
Address:			

2. Request for Certificate of Good Moral Character (Front Page)

REQUEST FOR CERTIFICATE OF GOOD MORAL CHARACTER	
Note: Please complete the information below	Date:
Student's Name:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
SR Code:	Campus:
Program:	Year & Section:
Purpose (please check): <input type="checkbox"/> OJT <input type="checkbox"/> Scholarship/Financial Assistance <input type="checkbox"/> Employment <input type="checkbox"/> Board Exam <input type="checkbox"/> Others, please specify: _____	
For OJT purpose only: (No payment) I certify that Mr./Ms. _____ has attended the OJT Orientation. <div style="text-align: right;">_____ Signature Over Printed Name OJT Coordinator</div>	
I certify that Mr. /Ms. _____ has /has not incurred any Indicate Offense <input type="checkbox"/> minor offense _____ <input type="checkbox"/> major offense _____ <div style="text-align: right;">_____ Signature Over Printed Name Discipline Coordinator</div>	
For procedures and requirements needed, please see back page.	

10.3.8 Secure the university's dry seal at the registrar's office. In Arasof -Nasugbu Campus, the concerned individual can secure the University's dry seal at the guidance office.

10.4 For scholarship purposes, scholars must observe the following procedures and requirements.

- 10.4.1** Secure a request slip for CGMC from the OGC.
- 10.4.2** Secure the signature of the Discipline Head/Coordinator
- 10.4.3** Pay the corresponding amount at the cashier's office.
- 10.4.4** Provide a documentary stamp.
- 10.4.5** Submit a photocopy of application form of scholarship, registration form (current semester), grades from previous semester, request slip for CGMC and official receipt to the OGC.
- 10.4.6** The scholar must log in the OGC logbook after receiving the CGMC.
- 10.4.7** Secure the signature of the OGC Head/Coordinator. In the absence of the Head or Coordinator, the OGC Assistant Director/OSAS Director/College Dean/Dean of Colleges or Associate Dean may sign in the CGMC
- 10.4.8** Secure the university's dry seal at the registrar's office. In Arasof -Nasugbu Campus, the concerned individual can secure the University's dry seal at the guidance office.

10.5 For Ten Outstanding Students Awardees (TOSA) and other Honors and Awards.

- 10.5.1** Secure a request slip for CGMC from the OGC.
- 10.5.2** Secure the signature of the Discipline Head/Coordinator
- 10.5.3** Pay the corresponding amount at the cashier's office.
- 10.5.4** Provide a documentary stamp.
- 10.5.5** Submit a photocopy of TOSA application form, any proof of application of honor/award to any organization (e.g. invitation or application form), registration form (current semester), request slip for CGMC and official receipt to the OGC.
- 10.5.6** The student must log in the OGC logbook after receiving the CGMC.
- 10.5.7** Secure the signature of the OGC Head/Coordinator. In the absence of the Head or Coordinator, the OGC Assistant Director/OSAS Director/College Dean/Dean of Colleges or Associate Dean may sign in the CGMC

10.5.8 Secure the university's dry seal at the registrar's office. In Arasof-Nasugbu Campus, the concerned individual can secure the University's dry seal at the guidance office.

10.6 For students who will undergo On-the-Job Training (OJT).

- 10.6.1** Secure a request slip for CGMC from the OGC.
- 10.6.2** Secure the signature of the Discipline Head/Coordinator
- 10.6.3** Provide a documentary stamp.
- 10.6.4** Submit a photocopy of registration form (current semester) to the OGC.
- 10.6.5** The student must log in the OGC logbook after receiving the CGMC.
- 10.6.6** Secure the signature of the OGC Head/Coordinator. In the absence of the Head or Coordinator, the OGC Assistant Director/OSAS Director/College Dean/Dean of Colleges or Associate Dean may sign in the CGMC
- 10.6.7** Secure the university's dry seal at the registrar's office. In Arasof-Nasugbu Campus, the concerned individual can secure the University's dry seal at the guidance office.

10.7 For students who will represent the University in regional/national/international competitions. This only applies if it is required by the competition.

- 10.7.1** Secure a request slip for CGMC from the OGC.
- 10.7.2** Secure the signature of the Discipline Head/Coordinator
- 10.7.3** Provide a documentary stamp.
- 10.7.4** Submit a photocopy of proof of being part of the competition (e.g. invitation, application form, line-up of players, etc.), and an approved letter of the event.
- 10.7.5** Submit a photocopy of registration form (current semester) to the OGC.
- 10.7.6** The student must log in the OGC logbook after receiving the CGMC.
- 10.7.7** Secure the signature of the OGC Head/Coordinator. In the absence of the Head or Coordinator, the OGC Assistant Director/OSAS Director/College Dean/Dean of Colleges or Associate Dean may sign in the CGMC
- 10.7.8** Secure the university's dry seal at the registrar's office. In Arasof-Nasugbu Campus, the concerned individual can secure the University's dry seal at the guidance office.

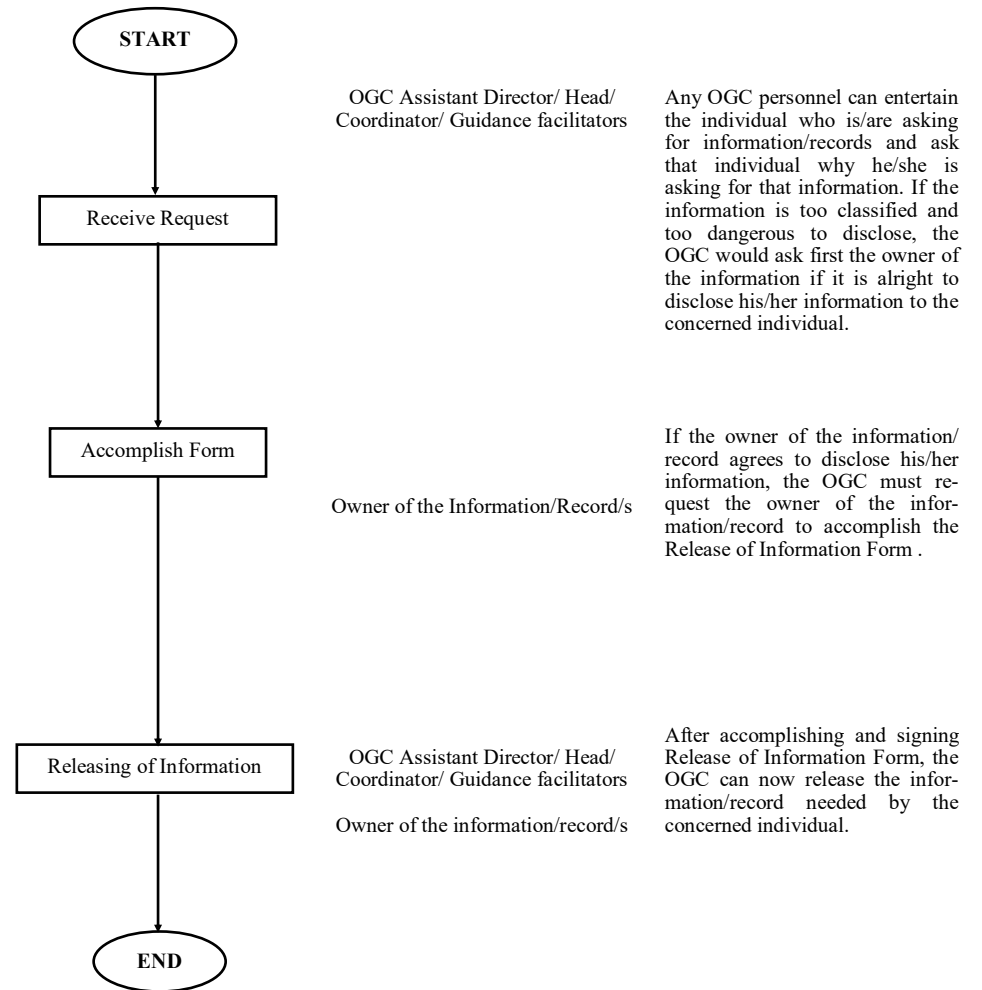
10.8 Non issuance of CGMC may occur if the student/s has not yet completed the requirements needed in requesting CGMC.

10. Releasing of Information

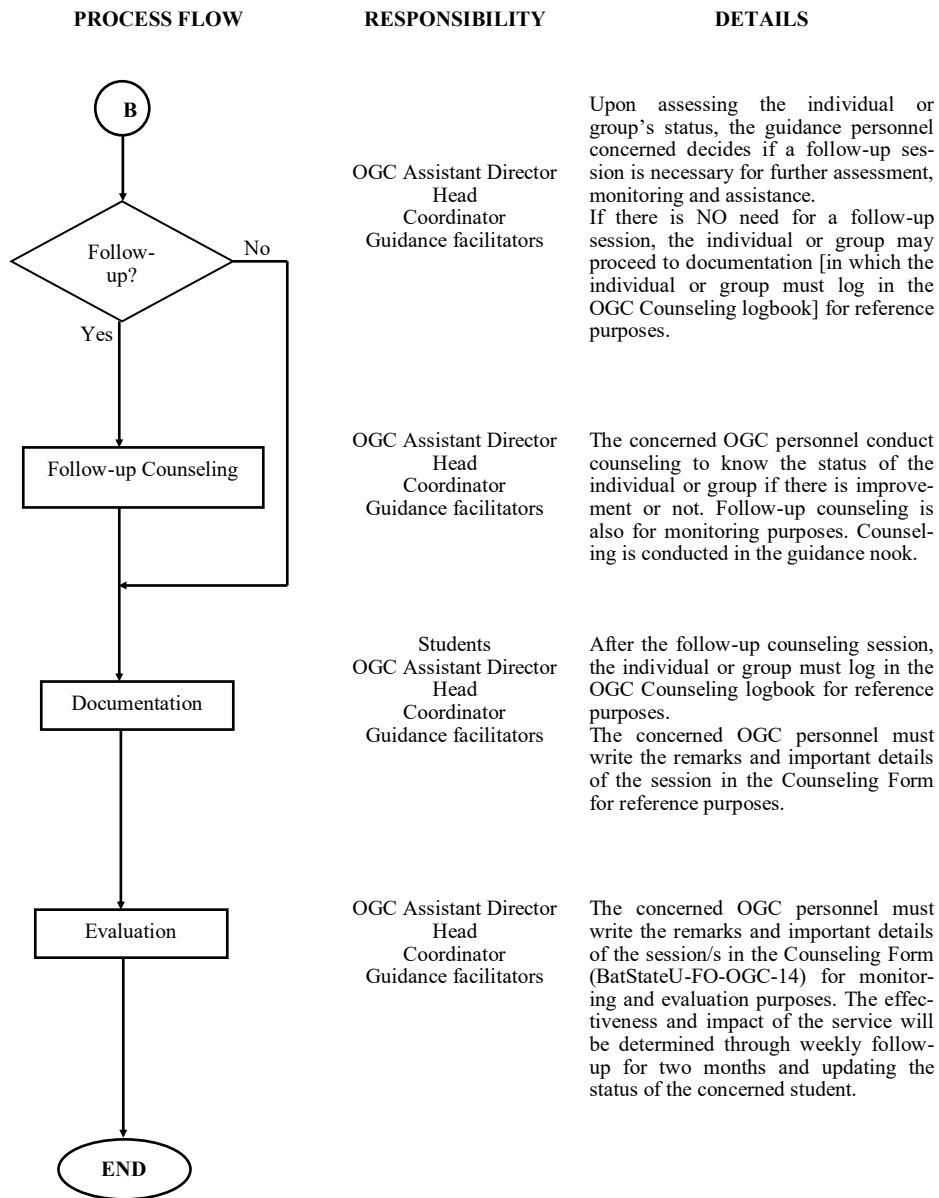
PROCESS FLOW

RESPONSIBILITY

DETAILS



9. Referral for Counseling



Section 11. Career Guidance Activities.

11.1 Guidance heads/coordinators/In-charge shall plan activities or strategies for career guidance in coordination with the assistant director/college dean/executive director.

11.2 Targets for career guidance are incoming first year college students.

11.3 A letter of request is prepared by the guidance head/coordinator/In-charge noted by the OGC assistant director, with recommending approval of the OSAS Director, VP for academic affairs and VP for finance and resource generation should the request include funding.

Section 12. Exit Interview. The office of guidance and counseling conducts exit interviews to students who want to shift or transfer to another college or school. This service could help the Office as well as the University to know the reason/s why these students shift to another course or why they are transferring to another school/university.

12.1 The student must secure an exit interview form and exit questionnaire form from the OGC.

12.2 The student must secure a signature from their parent/guardian, adviser/program chair and college Dean using the exit interview form to confirm that the people mentioned are aware of the student's intention to shift course or transfer to another school/university.

12.3 The student must submit the accomplished exit form and exit questionnaire to the OGC for proper recording and filing.

12.4 The guidance counselor/facilitator will conduct the exit interview.

12.5 Students shall log in the OGC logbook and answer a Counselor's Evaluation Form for proper recording and evaluation.

Section 13. Evaluation of Guidance Services. To determine the quality services rendered and adequacy of facilities available.

13.1 The OGC main office provides the evaluation forms to guidance counselor/heads/coordinator/in-charge of each campus/department.

13.2 Counselor’s evaluation forms are given to the students after every interview or counseling session. The forms are collected and tallied.

13.3 Client feedback forms are also available in the OGC. The forms are also dropped in a secured drop box.

13.4 The results are forwarded to the assistant director of OGC, director of OSAS, and the VPAA

Section 14. Consultation. It is a process by which sharing and analyzing gathered information with the administration, faculty and parents/guardians to facilitate decision making and think of ways on how to help the student/s better. This is necessary for program development and improvement of services.

14.1 Guidance counselor/facilitator informs the concerned administrator, faculty and parent/guardian regarding consultation.

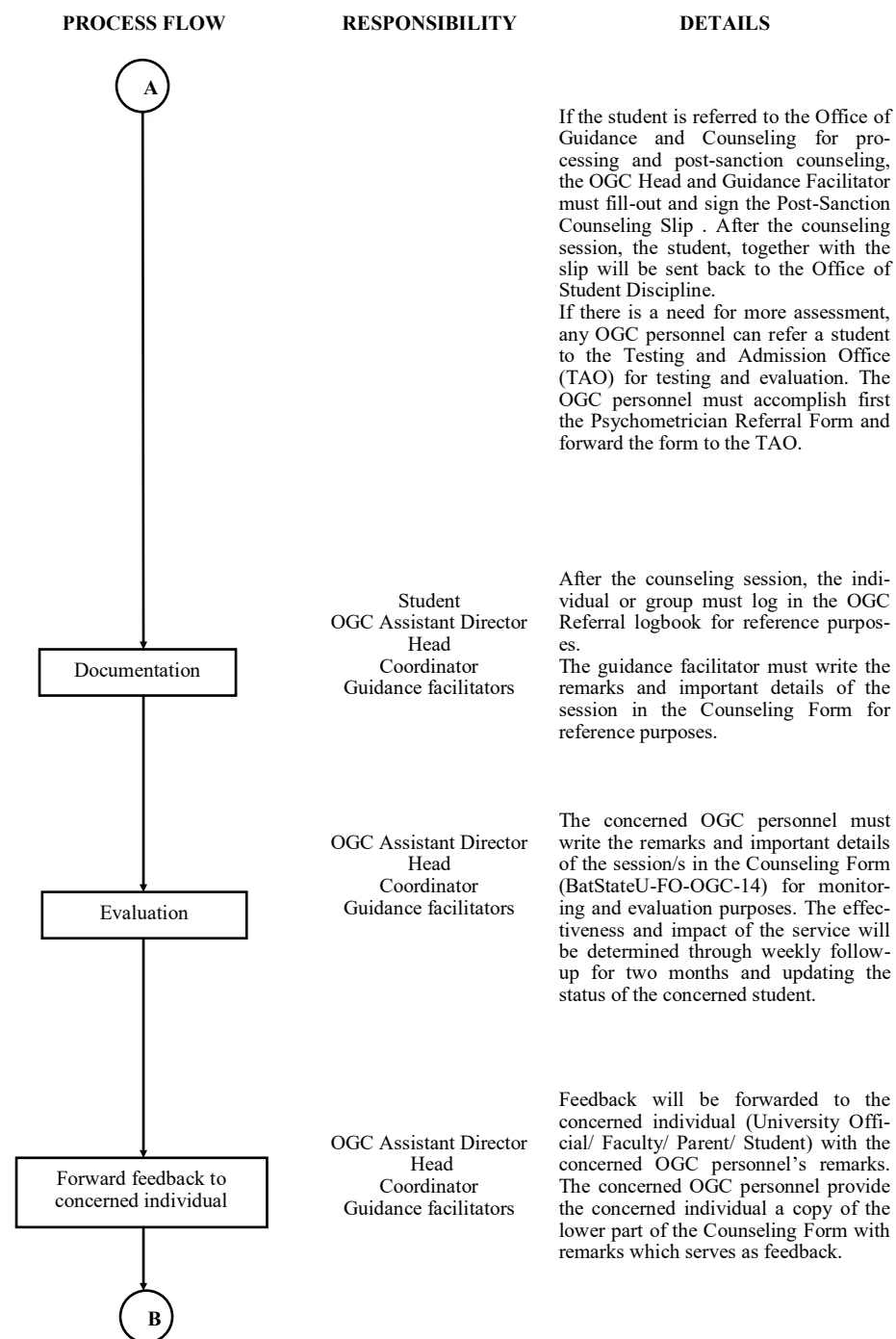
14.2 Guidance counselor/facilitator arranges the meeting of the concerned administrator, faculty and parent/guardian and finding their common time of availability.

14.3 Consultation may take place in the OGC or any secure place.

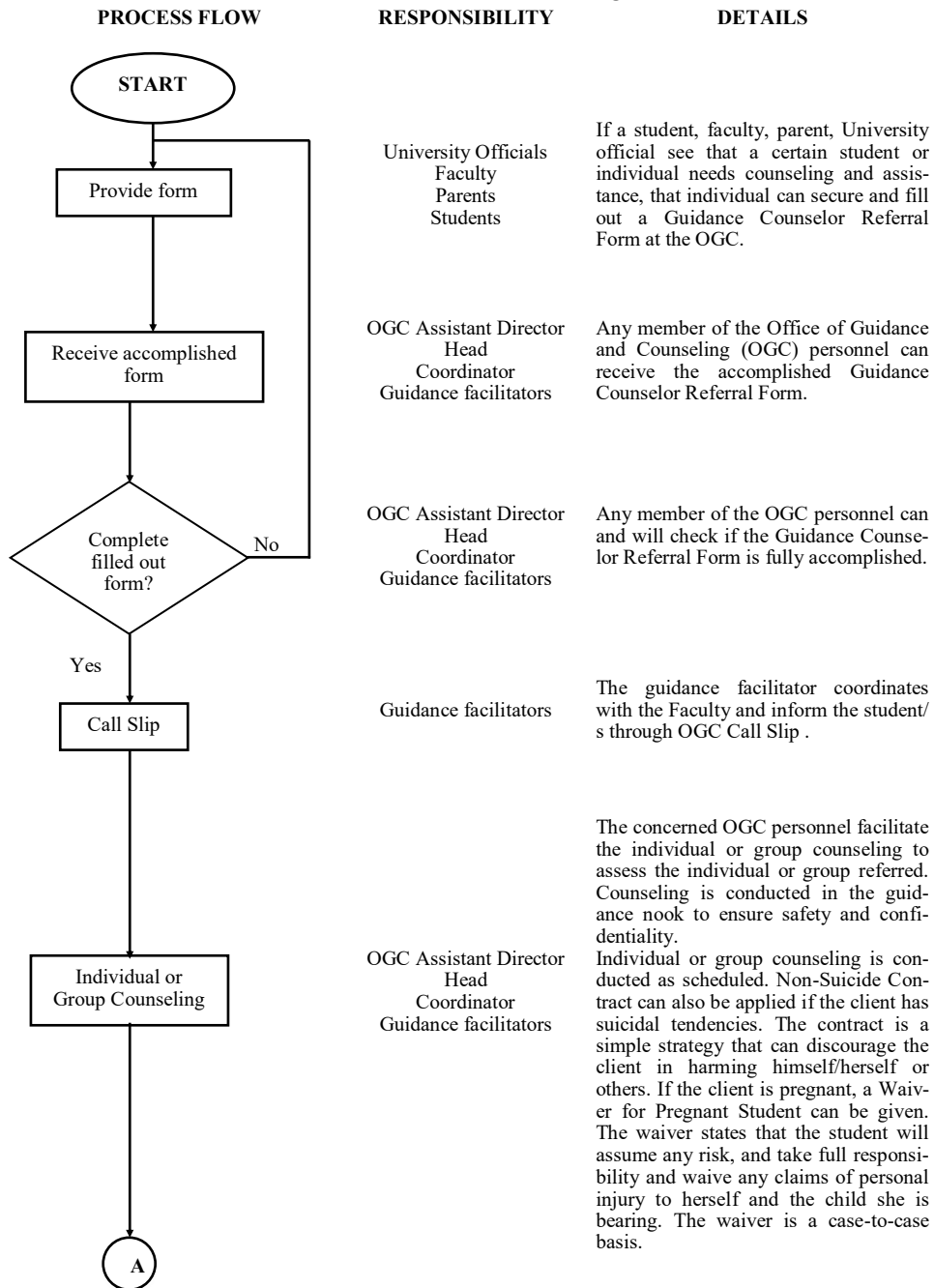
14.4 The guidance counselor/facilitator together with the concerned administrator, faculty and parent/guardian discuss the concern/s of the student/s and facilitate decision making and strategies on how to better help the student/s.

14.5 Feedback is solicited to the concerned student, faculty and parent/guardian that can serve as a basis for program development and improvement of services.

9. Referral for Counseling



9. Referral for Counseling



ARTICLE VI

Section 1. Confidentiality and Security of Student Records. To safeguard the confidentiality and security of student records, the following are implemented:

1.1 The Office of Guidance and Counseling (OGC) collects and retrieves the Student Information Sheet (SIS), Student Information Updating Form (SIUF), Counseling Notes and other forms of clients and are placed in their respective cumulative records folder/envelop.

1.2 The cumulative records are kept in a secured place to ensure the confidentiality and security of the records.

1.3 Maintenance of Records. Guidance Counselors/Facilitators maintain records in sufficient detail to track the sequence and nature of professional services rendered and consistent with any legal, regulatory, agency, or institutional requirement. They secure the safety of such records and, create, maintain, transfer, and dispose of them in a manner compliant with the requirements of confidentiality and other articles of the Code of Ethics for Registered and Licensed Guidance Counselors and Guidance and Counseling Act (RA 9258).

1.4 Access to Records. Guidance Counselors/Facilitators understand that clients have the right to access their counseling records. Disclosure of such information to others is allowed only through the clients' informed consent and/or if there are imminent changes or concerns to life properly.

1.5 Confidentiality. The counselor must preserve and safeguard the confidentiality of the clients except:

- When disclosure is required to prevent clear and imminent danger to the client or others;
- When legal requirements demand that confidential matter be revealed.

ARTICLE VII MANDATORY EVALUATION AND REVIEW

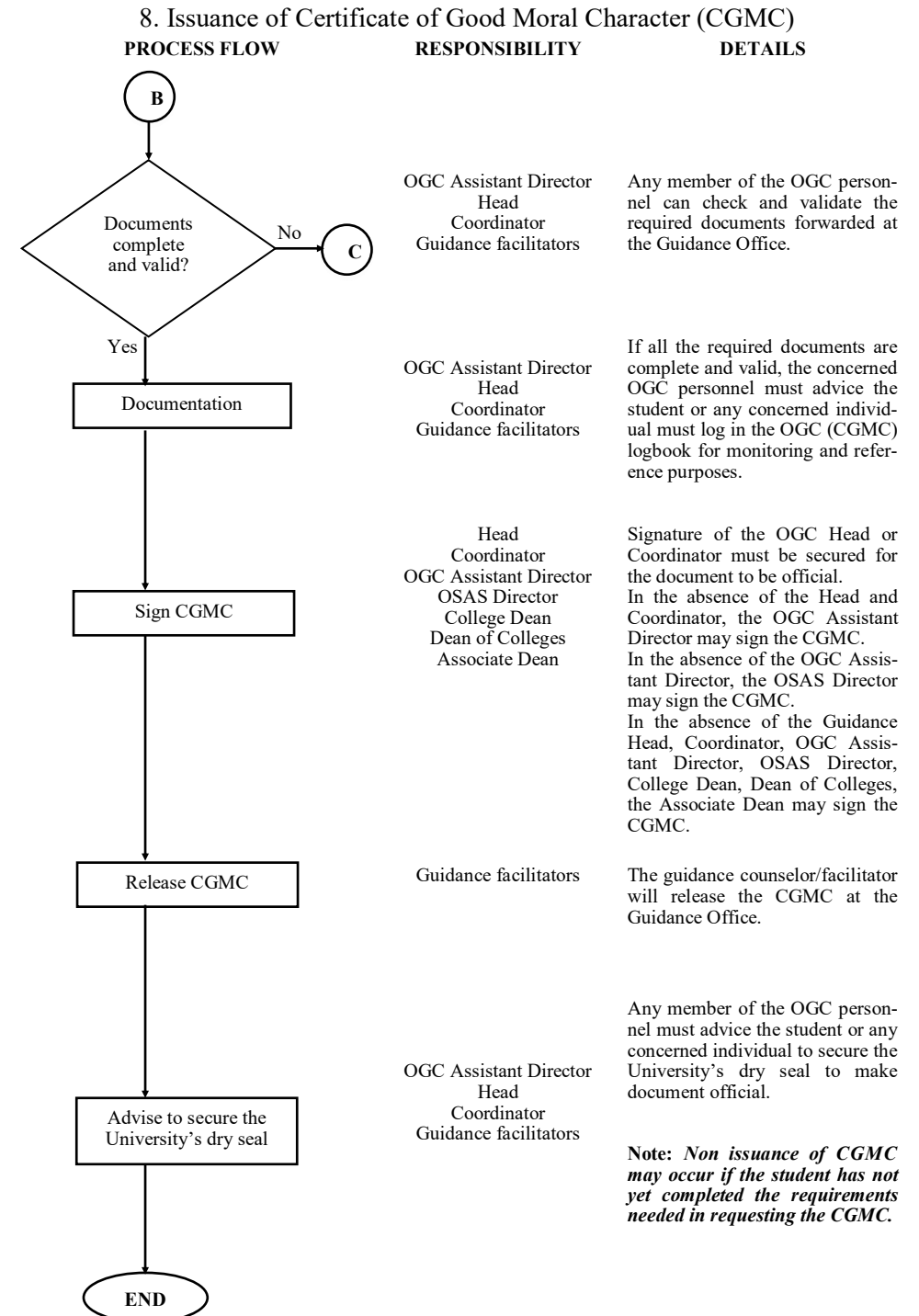
By the end of each academic year, the University shall conduct a mandatory review of the policy as to the status of its implementation and compliance to existing laws and regulations for possible revisions or amendments.

**ARTICLE VIII
EFFECTIVITY**

The policies and procedures of the Office of Guidance and Counseling shall take effect immediately upon the approval of the University Board of Regents and shall be effective unless otherwise repealed or amended.

CODE OF ETHICS AND PROVISIONS ON TESTING

- 1. General Responsibility.** Counselors take responsibility to inform the clients about the purpose of any evaluation and assessment instruments and procedures and the meaning of evaluation and assessment results.
- 2. Test Selection and Evaluation.** Counselors have the competence to evaluate tests in terms of the
 - (a) appropriateness of the test to the purpose of testing;
 - (b) reliability and validity;
 - (c) appropriateness of level of difficulty to clients; and
 - (d) appropriateness of norms of norm-referenced tests.
- 3. Test Competence.** Counselors using psychological tests and other assessment tools should only do so if they have undergone training in the use of these tools, familiar with the training requirements of different tests, and are conversant with the concepts of reliability and validity.
- 4. Purpose and Results of Assessment.** Counselors take responsibility to inform clients about the purpose of assessment, the procedures involved, and the meaning of evaluation and assessment results.
- 5. Test Administration.** Counselors administer psychological tests in accordance with standards or guidelines of testing procedures found in the Test Manual.
- 6. Administrative and Supervisory Conditions.** Counselors ensure that evaluation and assessment instruments and procedures are administered and supervised under established conditions consistent with professional standards. They note any departures from standard conditions, and any unusual behavior or irregularities which may affect the interpretation of results.



8. Issuance of Certificate of Good Moral Character (CGMC)

PROCESS FLOW

RESPONSIBILITY

DETAILS

A

3. For scholarship purposes:

Present and submit a photocopy of application form of scholarship, registration form (current semester), grades from previous semester, Request for Certificate of Good Moral Character (CGMC) Form signed by the OSD and official receipt.

4. For TOSA applicants:

Present and submit a photocopy of TOSA application form of scholarship (for scholars only), registration form (current semester), any proof of application of honors/awards to any organization, Request for Certificate of Good Moral Character (CGMC) Form signed by the OSD and official receipt.

5. For OJT purposes:

Present and submit a photocopy of registration form (current semester), Request for Certificate of Good Moral Character (CGMC) Form signed by the OSD and OJT Coordinator.

6. For students who will represent the University in regional/ national / international competitions:

Present and submit a photocopy of registration form (current semester), approved letter of the event and any proof that the student is part of the competition (invitation, application or line-up of players), and Request for Certificate of Good Moral Character (CGMC) Form signed by OSD.

OGC Assistant Director
Head
Coordinator
Guidance facilitators

Any member of the OGC personnel can receive the required documents at the Guidance Office.

Receive required documents

B

7. Test Data Utilization. Counselors utilize assessment data by taking into account various factors and characteristics of the person derived from integrated profile of battery test results that might affect the counselor's judgment or reduce the accuracy of information.

8. Test Confidentiality. Counselors have the responsibility to observe the principle of confidentiality in testing.

9. Computer-Generated Tests. Counselors ensure that computer-generated test administration and scoring programs operate properly thereby providing clients with accurate test results.

10. Obsolete Data. Counselors do not base their assessments or recommendations or decisions on data or test results that are outdated for the current purpose.

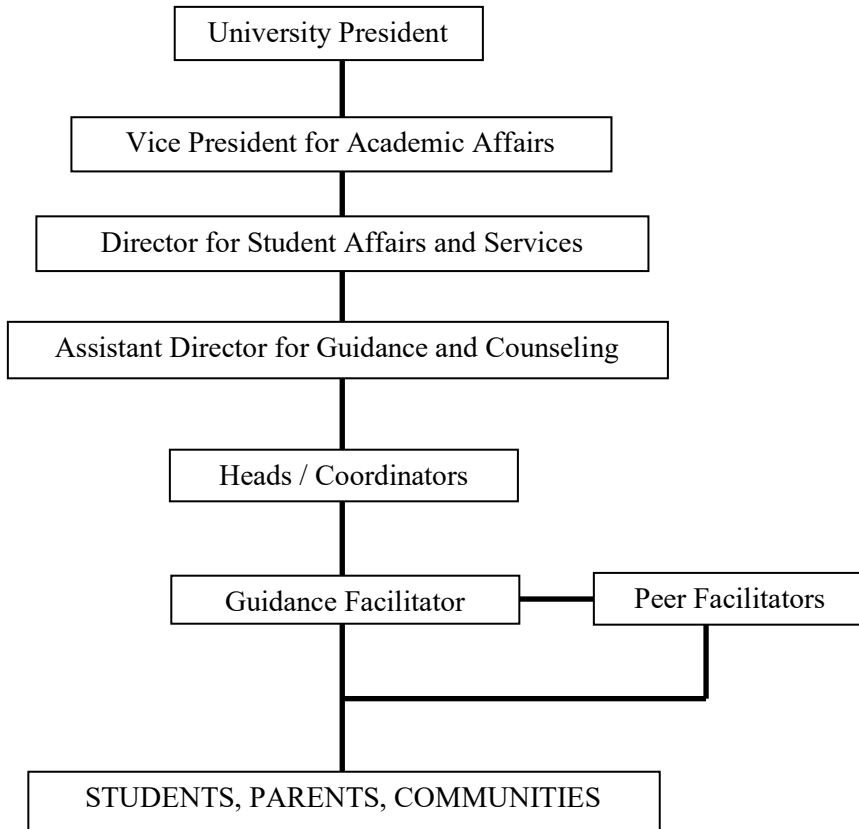
11. Intellectual Property. Counselors safeguard and respect the publisher's intellectual property rights of psychological tests. Reproduction and/or modification of parts thereof without acknowledgement and permission from the publisher of psychological tests are punishable by the Law.

12. Maintaining Test Security. Counselors make reasonable efforts to maintain the integrity and security of tests and other assessment techniques.

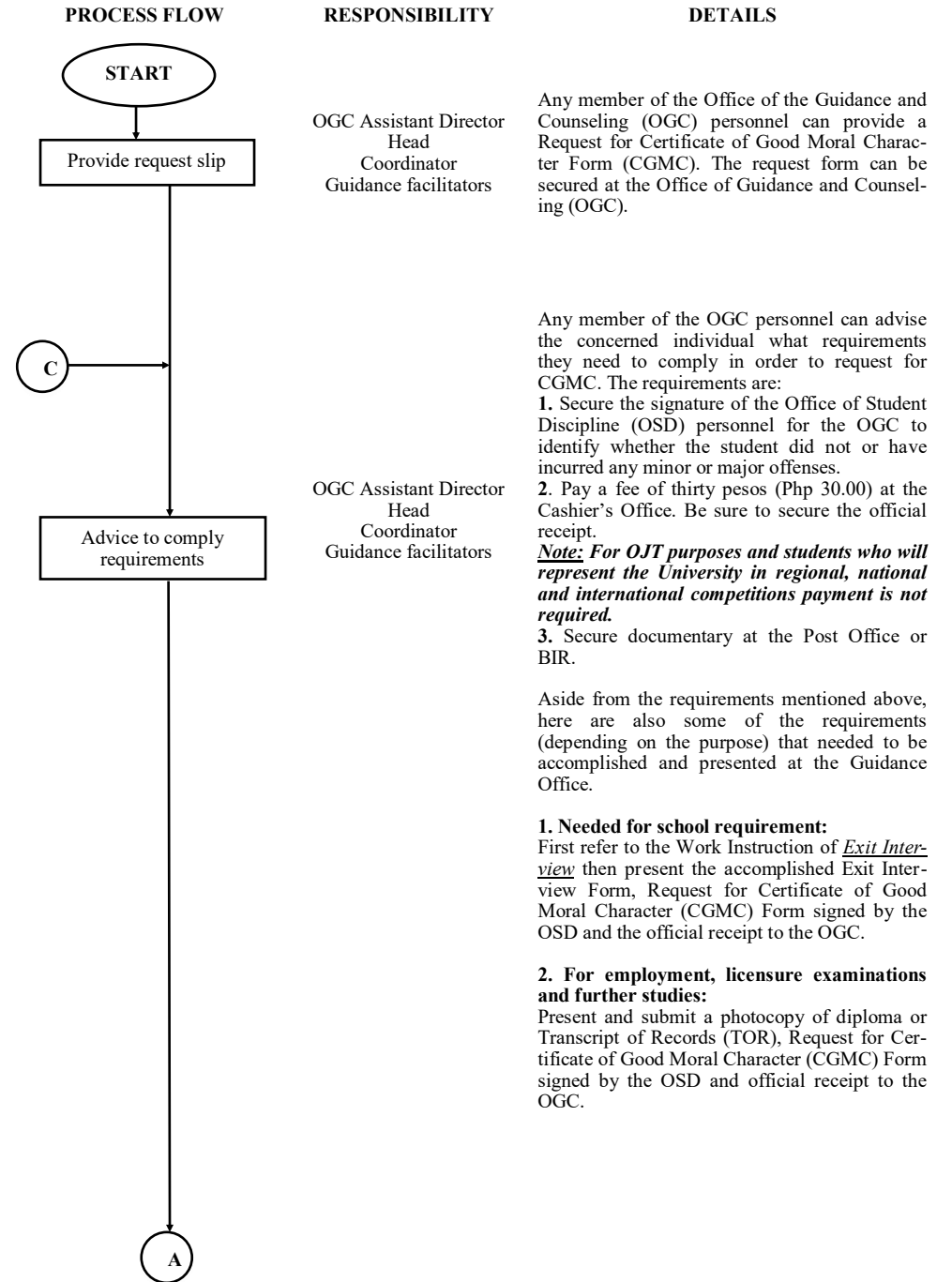
Source: *Philippine Guidance and Counseling Association, Inc. Code of Ethics for Counselors & The Counseling Profession Chapter 5 Evaluation, Assessment, and Interpretation Accredited Professional Organization (APO) by the Professional Regulation Commission (PRC)*

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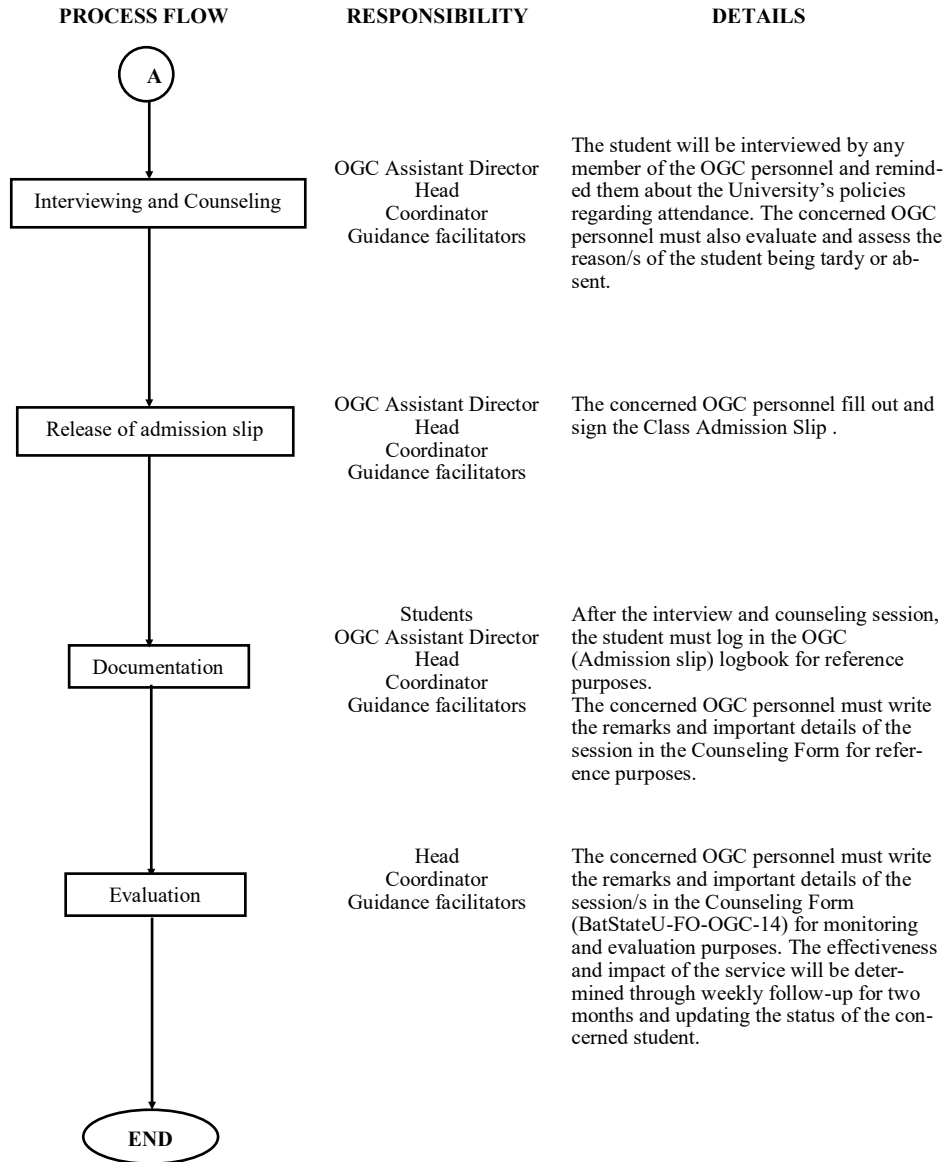
Office of Guidance and Counseling
Organizational Chart



8. Issuance of Certificate of Good Moral Character (CGMC)

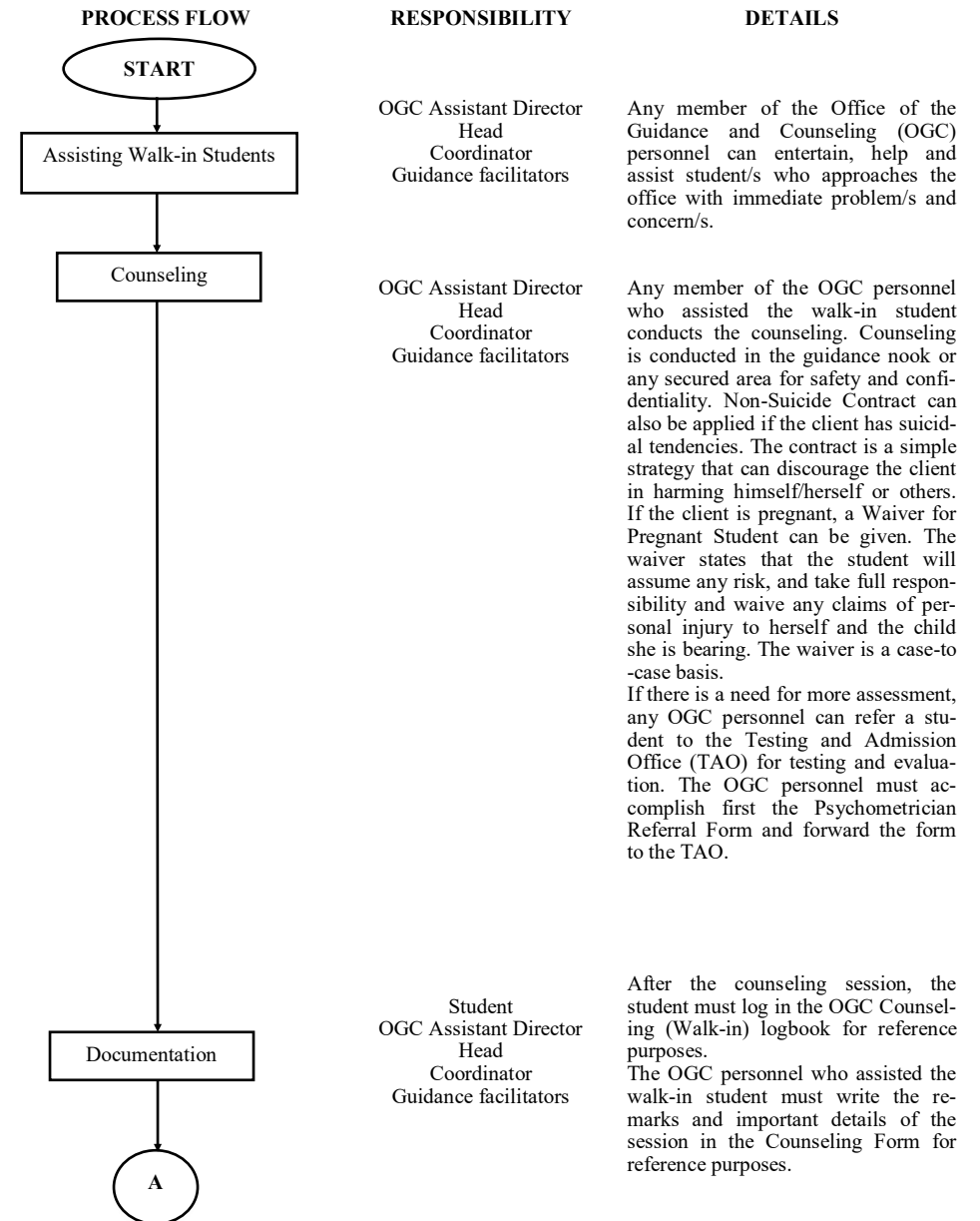


7. Issuance of Admission Slip

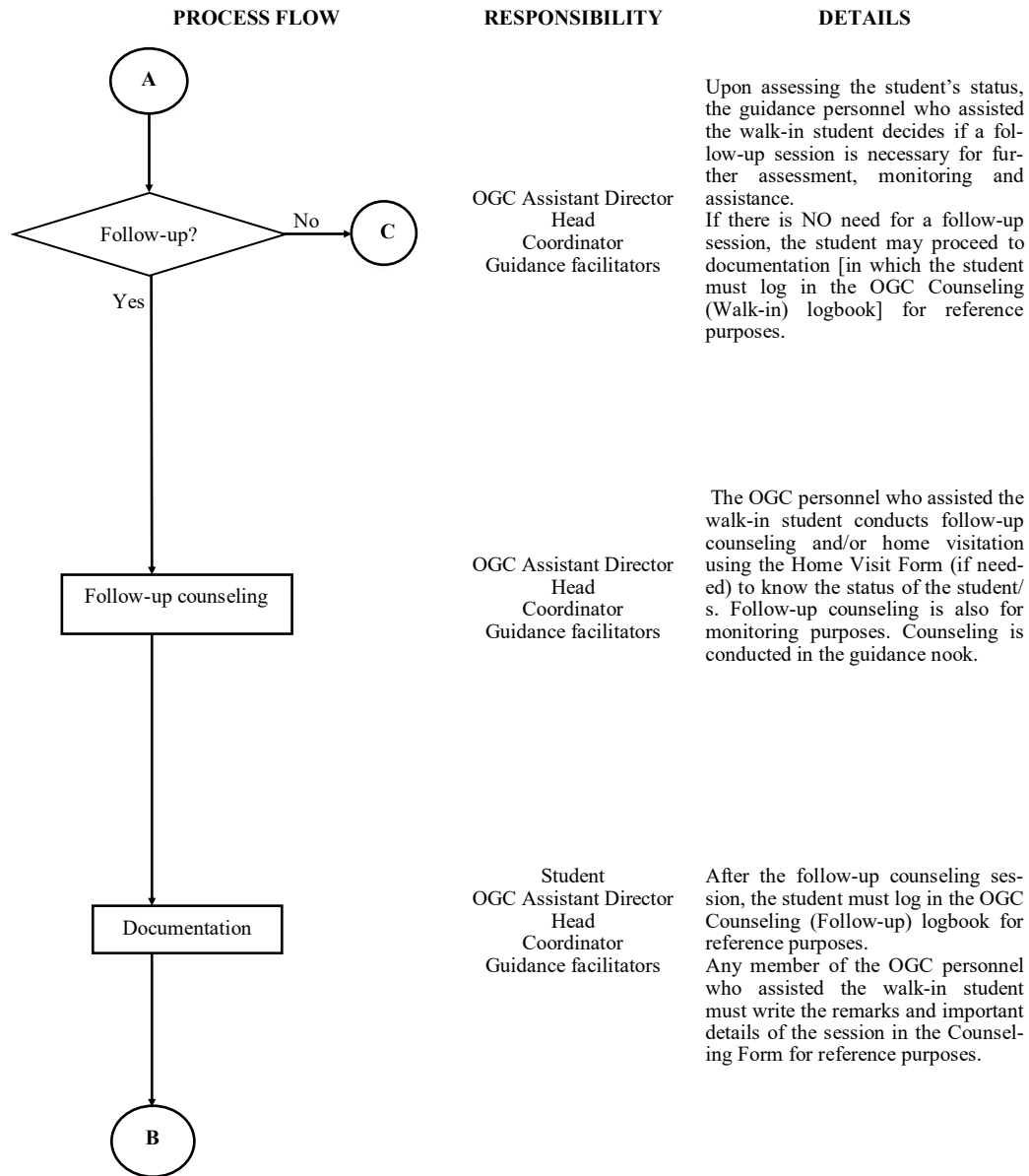


OGC Work Instruction

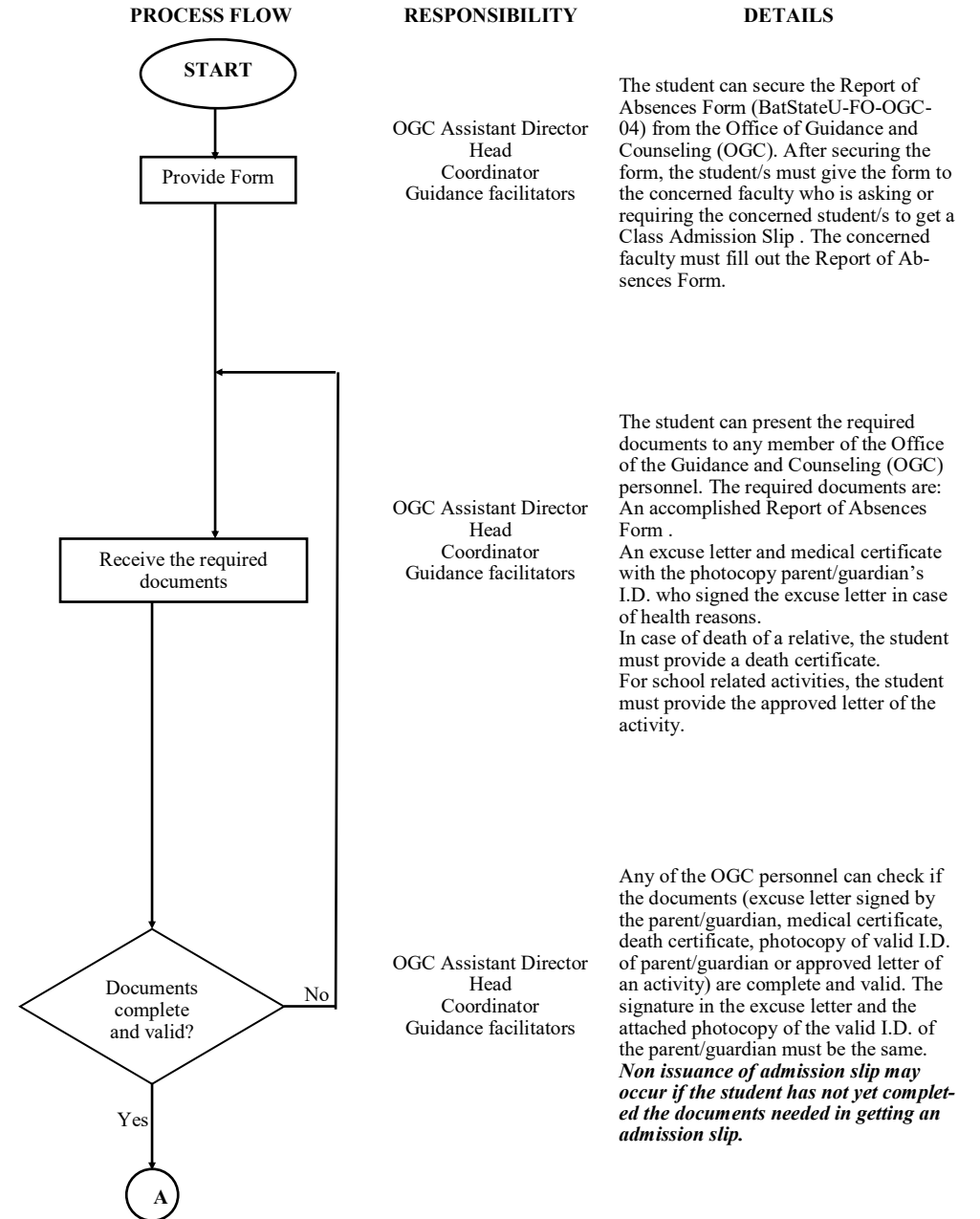
1. Assisting and helping walk-in students and Referral for further assistance from outside Professional, Agencies/ Organization



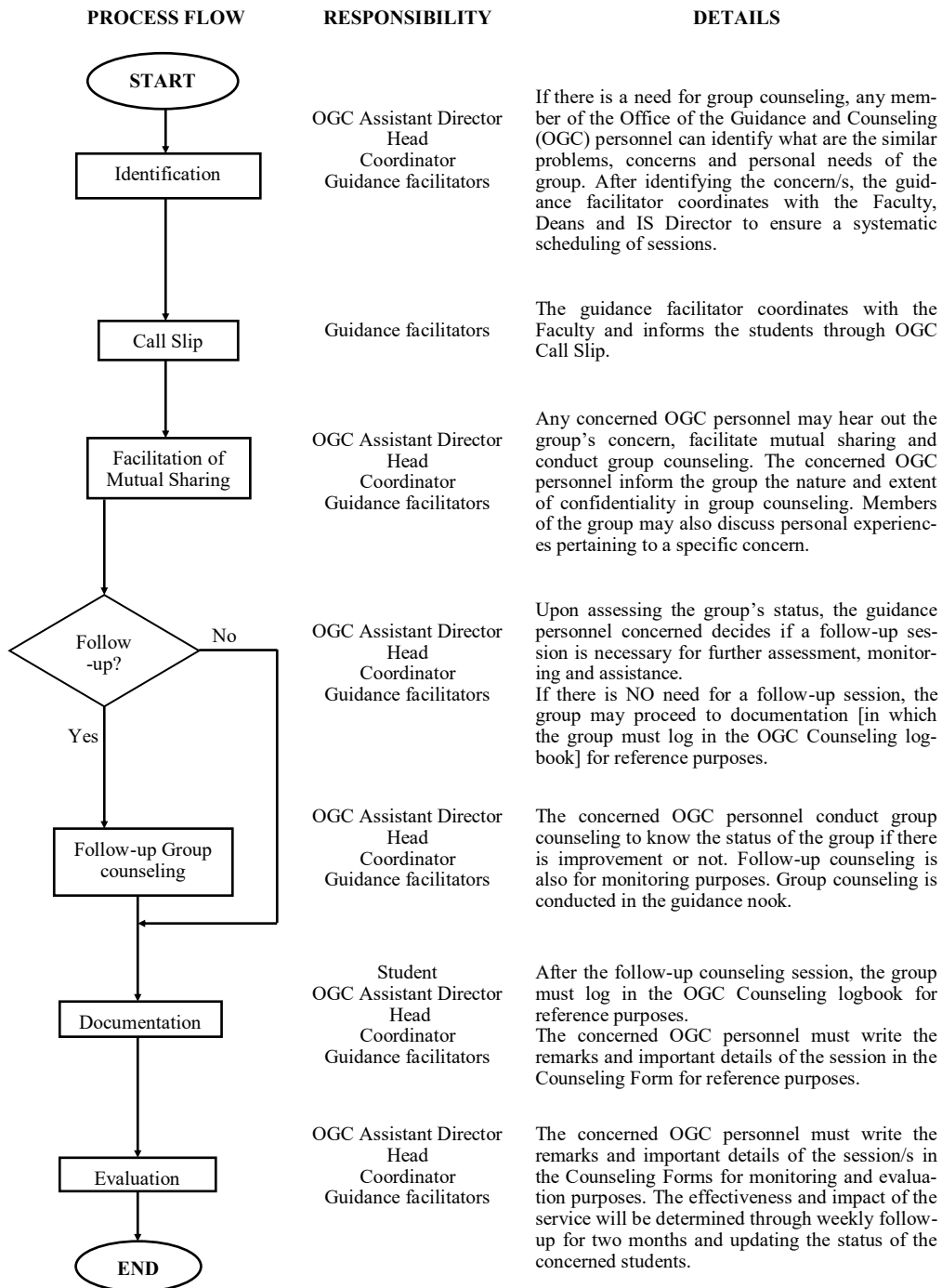
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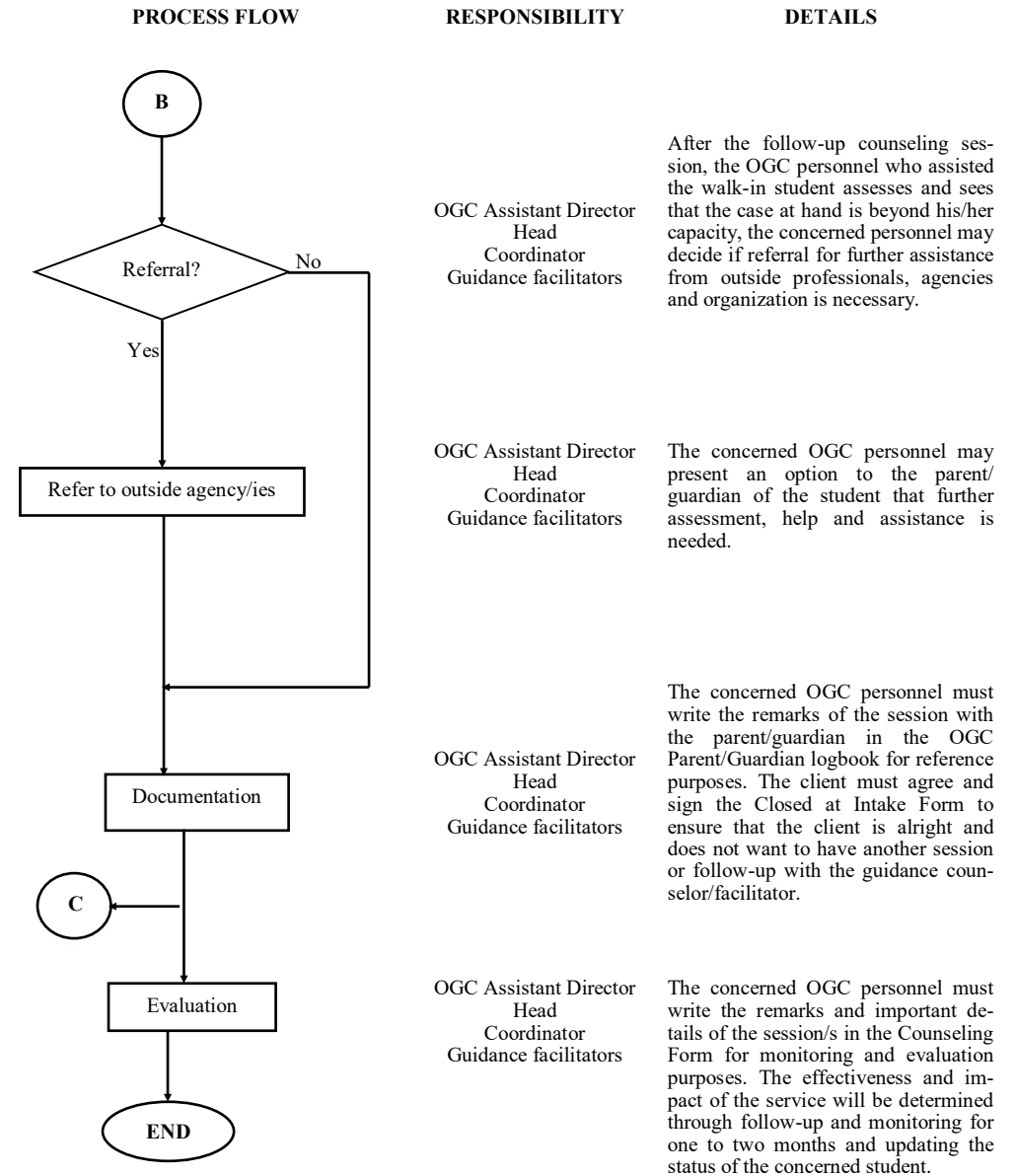
7. Issuance of Admission Slip



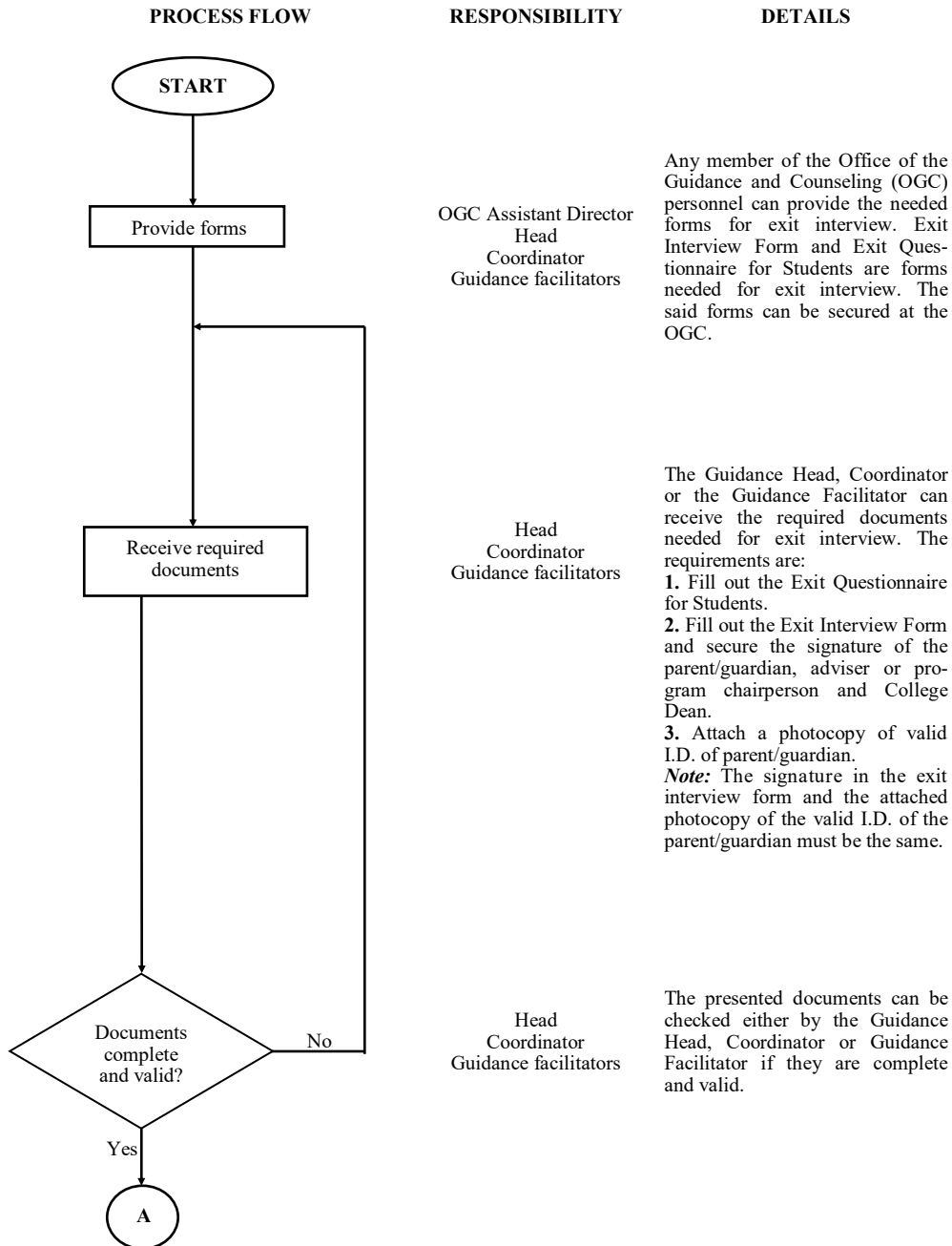
6. Group Counseling



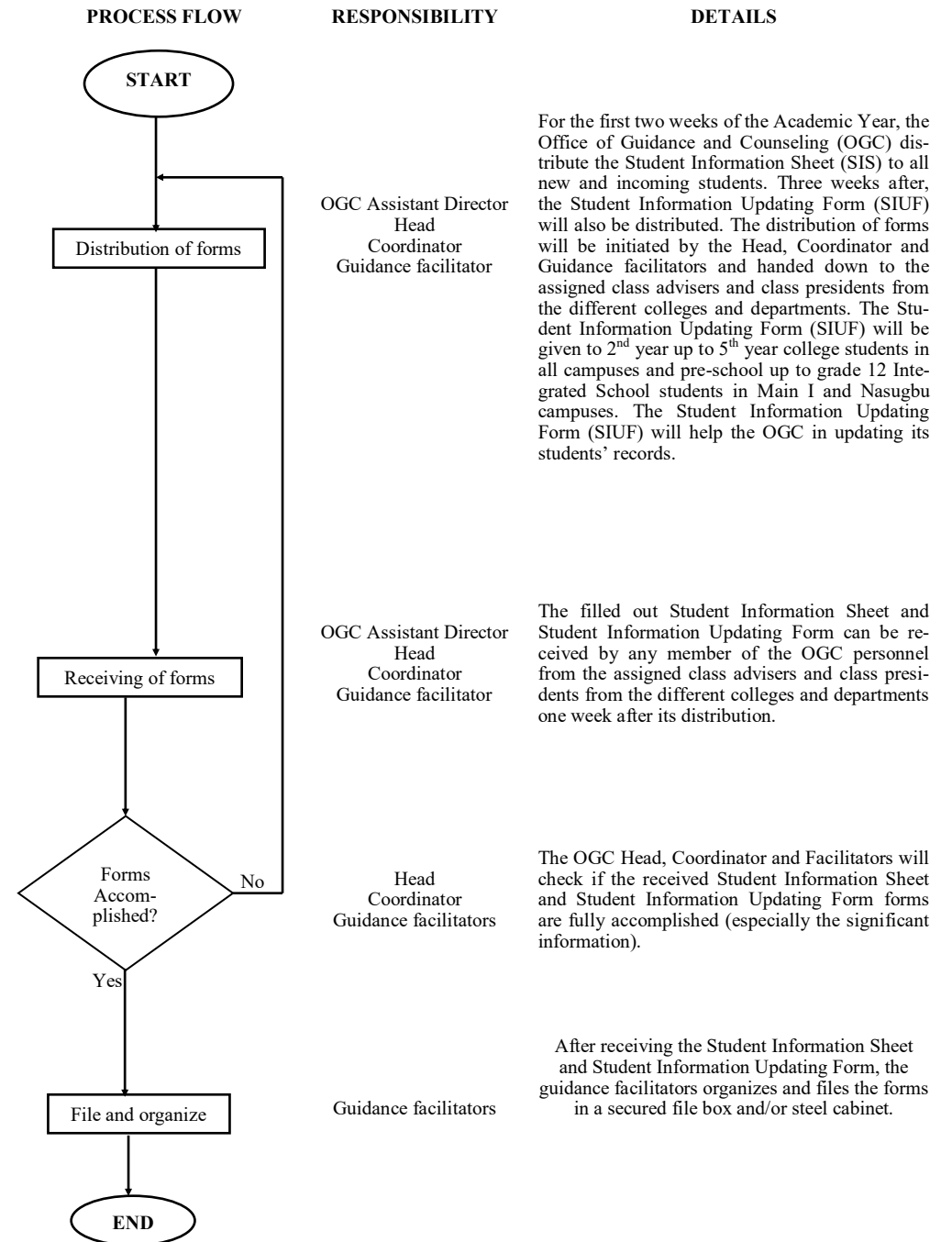
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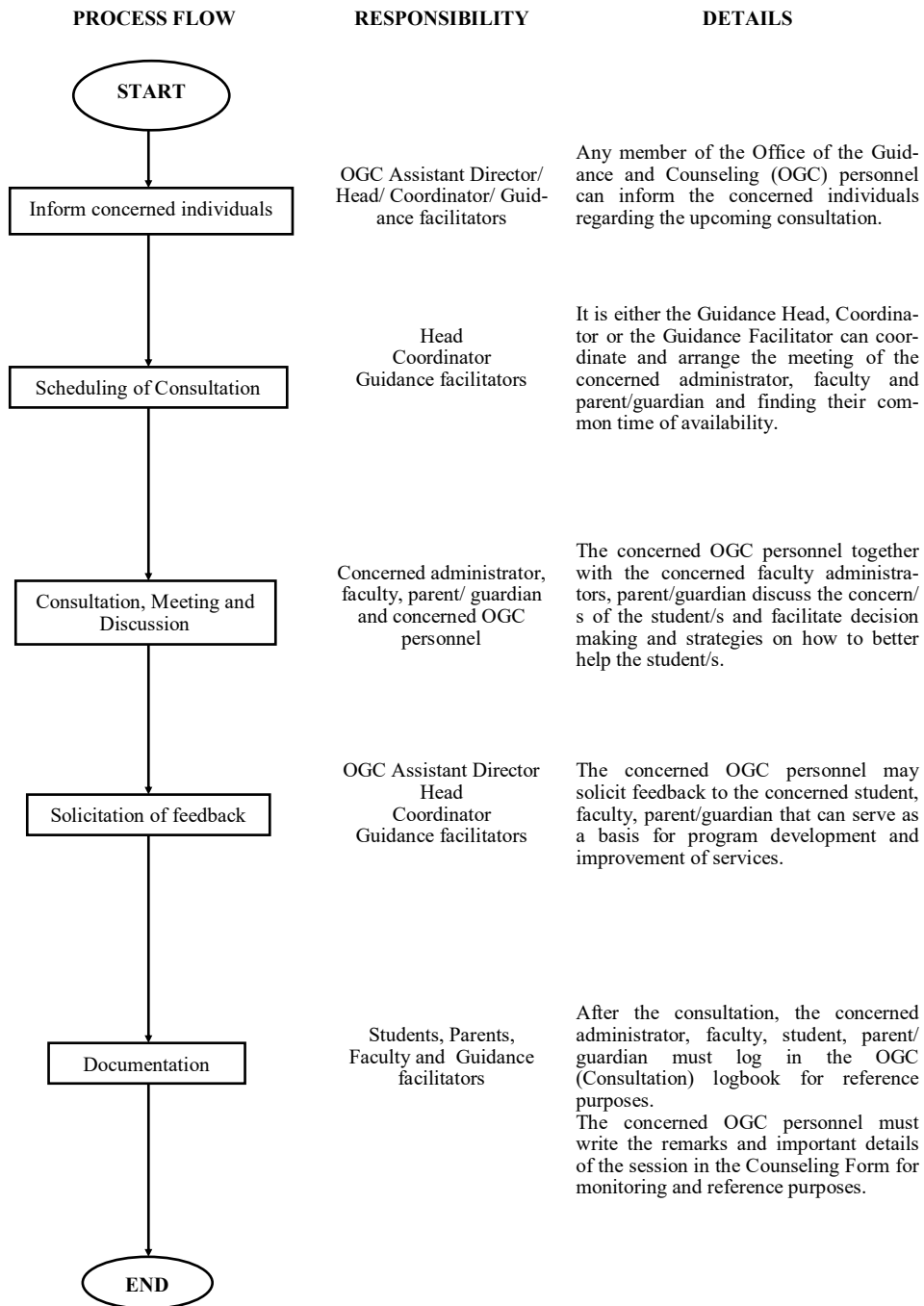
2. Conducting Exit Interview



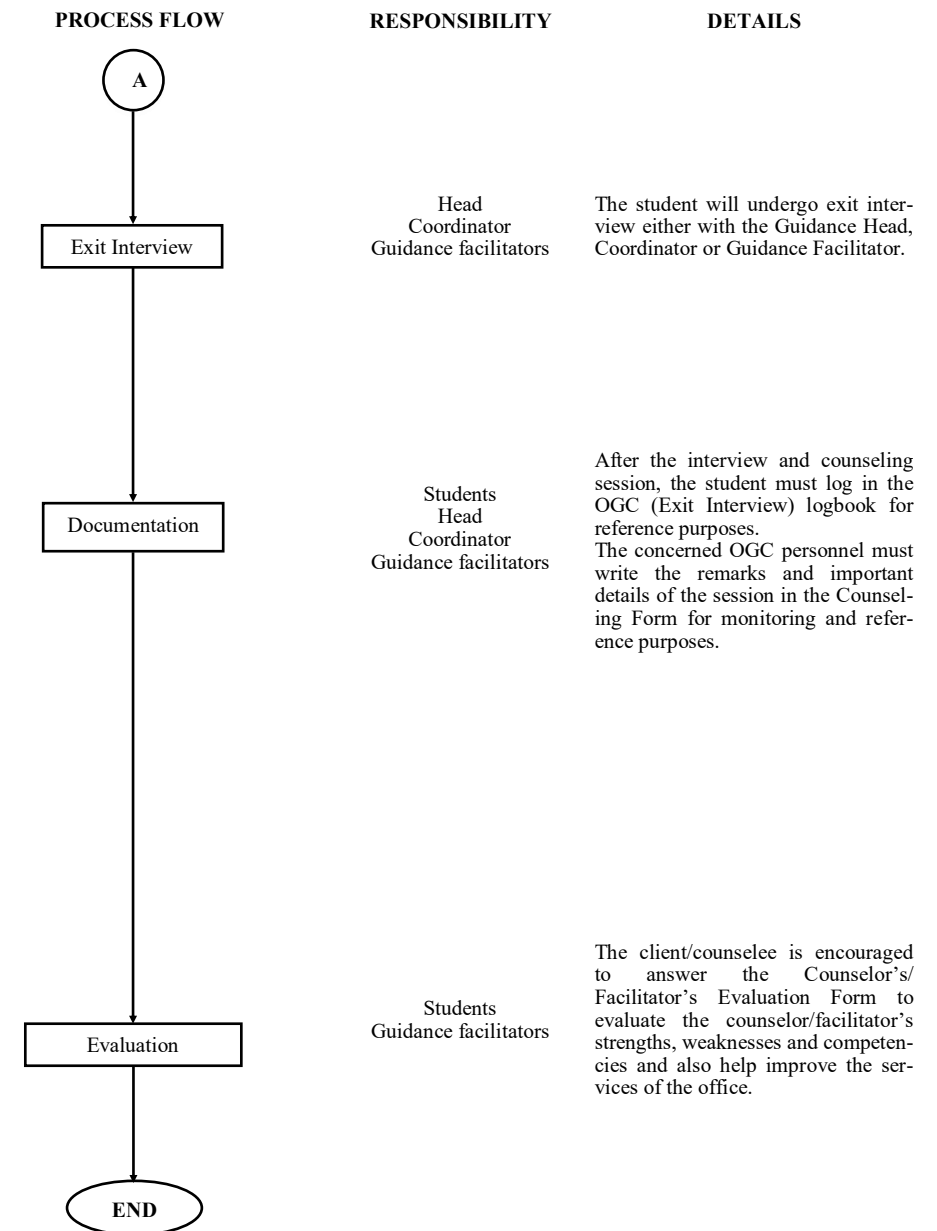
5. Distribution, Retrieval and Filing of Student Information Sheet (SIS) and Student Information Updating Form (SIUF)



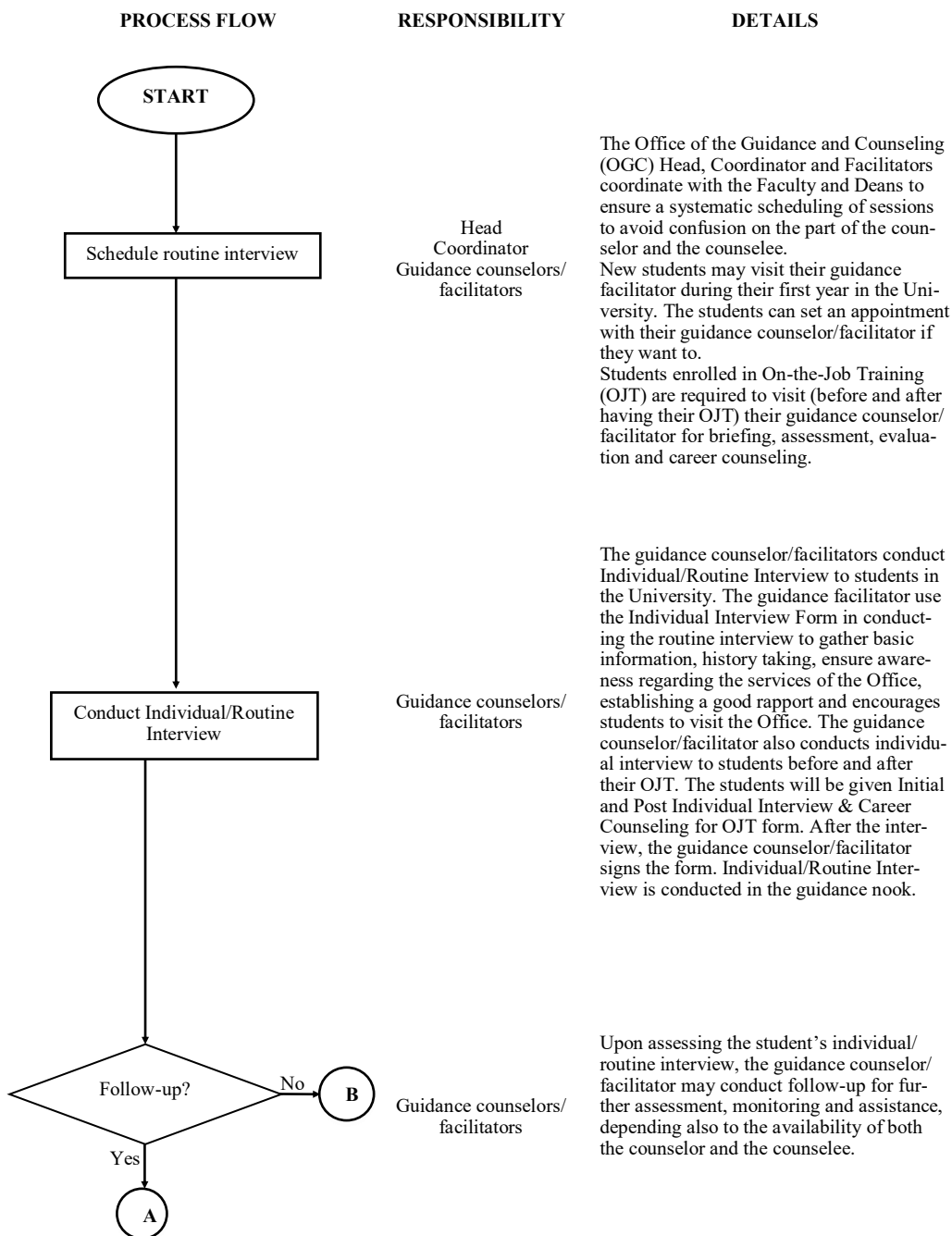
4. Consultation Services



2. Conducting Exit Interview



3. Conducting Individual / Routine Interview



3. Conducting Individual / Routine Interview

