



STI Guidance and Counseling Office Guidance/Counseling Notes

Interview Date:	Time Started:	Time Ended:
School Year: _____ - _____	Tertiary (Semester): <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Summer	Senior High (Quarter): <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> Summer
Name:	Grade/Year Level & Section:	Program:
Nature of Counseling: <input type="checkbox"/> Academic <input type="checkbox"/> Behavioral <input type="checkbox"/> Personal <input type="checkbox"/> Social <input type="checkbox"/> Career		
Counseling Situation/s: <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Class <input type="checkbox"/> Counselor-initiated <input type="checkbox"/> Walk-in <input type="checkbox"/> Follow-up <input type="checkbox"/> Referred by: _____		
Presenting Problem:		
Assessment:		
Intervention/s:		
Plan of Action:		
Recommendation/s: <input type="checkbox"/> Follow-Through Session Date of follow-through session: _____ <input type="checkbox"/> Referral Professional or Agency Name: _____		

Name and signature of Guidance Counselor/Associate

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