



## STI Guidance and Counseling Office Endorsement - Custody Form

### GUIDANCE AND COUNSELING OFFICE CLIENT ENDORSEMENT - CUSTODY

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Grade/Year Level and Section: \_\_\_\_\_

Concern/s:

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Intervention/s: \_\_\_\_\_

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Recommendation/s:

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Referral/s:

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Endorsed by:

\_\_\_\_\_  
*Name and Signature of Guidance Counselor/Associate*

\_\_\_\_\_  
*Date*

Endorsed to:

\_\_\_\_\_  
*Name and Signature of Parents/Guardians*

\_\_\_\_\_  
*Contact Number of Parents/Guardians*