

**CONFIDENTIAL****STI Guidance and Counseling Office
Individual Inventory Form****RECENT 1X1
PHOTO**

STI _____	Tertiary (Semester): <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Summer
SY _____	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

Surname	First Name	M.I.	Student No.	Year Level	Program and Section
Nickname	Nationality	Gender	Status	Religion	Birthday ____/____/____

Contact Information

Cellular phone number/s _____ E-mail address 1 _____ E-mail address 2 _____ Home number _____

Present Address: _____

Permanent Address: _____

Provincial Address: _____

For married students only

Name of Spouse: _____ Age: _____

Working: ☐ Yes ☐ No If working: _____ Occupation _____ Contact number _____**Family Background**

	Father	Mother
Name		
Age and Birthday		
Nationality		
Religion		
Educational Attainment		
Occupation		
Contact Number		
Company		
Monthly Income		

Status of Parent/s: ☐ Married ☐ Single Parent ☐ Divorced/Annulled ☐ Remarried
☐ Living together ☐ Separated ☐ Widowed/Widower

Name of Guardian/s: _____

Address of Parent/s or Guardian/s: _____

Contact Number of Guardian/s: _____

Sibling Order:

Name	Age	Gender	Program/Occupation	School/Company

In case of emergency, please contact: _____ Contact #: _____



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Educational Background

	Name of School	Year Attended
Grade School		
High School		
College		
Vocational		
Others		

Extra-curricular activities from previous schools: _____
Awards/Citations received: _____
Most liked subject/s in school: _____
Least liked subject/s in school: _____
Your 3 major strengths as a student: _____

Work Experience (Start from the most recent to the previous experience/s if any.)

Company	Position	Duration	Job Description

Interests and Recreational Activities

Sports:	
Hobbies:	
Talents:	

Other Activities:

Socio-civic:	
School Organizations:	

Health

- ☐ Have you ever been hospitalized? ☐ Yes (state when/reason) _____ ☐ No
- ☐ Have you ever had an operation? ☐ Yes (state when/reason) _____ ☐ No
- ☐ Do you currently suffer from any illness/condition? ☐ Yes (state illness) _____ ☐ No
- ☐ Do you take any prescription drugs? ☐ Yes (drug name/purpose) _____ ☐ No
- ☐ Have you submitted a medical certificate/assessment report? ☐ Yes (Attached) _____ ☐ No

Common illness in the family: _____
When did you last see a doctor? _____ Reason for the visit: _____

Life Circumstances

Indicate any **LOSS** that you have experienced (ex. death of a family member, close friend): _____

Check any of the **PROBLEMS** below that currently concerns you:

- ☐ Fear ☐ Communication ☐ Shyness ☐ Loneliness ☐ Stress ☐ Anger
- ☐ Self-confidence ☐ Academic Performance ☐ Career ☐ Financial ☐ Others: _____
- ☐ Relationship/s with: ☐ Father ☐ Mother ☐ Siblings ☐ Teachers ☐ Others: _____

* Counselor's/Associate's notes: _____

Student's signature over printed name _____

Assessed by: _____
Guidance Counselor/Associate's Name and Signature