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| **GUIDANCE COPY**    Philippine Science High School System  Campus ${campus}    **GUIDANCE CALL SLIP**    DATE: ${date} TIME: ${time}    **Type of Counseling:**    ${counseling-individual}  ${counseling-group}  ${counseling-referral}  ${counseling-routine}  ⬜ Routine ⬜ Referral ⬜ Individual ⬜ Group    **Name of Student/s | Grade & Section:**    ${student1-grade-section}  ${student1-name}  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_  ${student5-grade-section}  ${student4-grade-section}  ${student3-grade-section}  ${student2-grade-section}  ${student5-name}  ${student4-name}  ${student3-name}  ${student2-name}  5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_    **Counseling Session Time:**    Start: ${counsel-start}End: ${counsel-end}    Requested by: Noted by:    ${teacher-name}  ${counselor-name}  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Guidance Counselor Teacher In Charge    ${form-number} | **GUIDANCE COPY**    Philippine Science High School System  Campus ${campus}    **GUIDANCE CALL SLIP**    DATE: ${date} TIME: ${time}    **Type of Counseling:**    ${counseling-referral}  ${counseling-group}  ${counseling-individual}  ${counseling-routine}  ⬜ Routine ⬜ Referral ⬜ Individual ⬜ Group    **Name of Student/s | Grade & Section:**    ${student1-grade-section}  ${student1-name}  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_  ${student5-grade-section}  ${student4-grade-section}  ${student3-grade-section}  ${student2-grade-section}  ${student5-name}  ${student4-name}  ${student3-name}  ${student2-name}  5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_    **Counseling Session Time:**    Start: ${counsel-start}End: ${counsel-end}    Requested by: Noted by:    ${teacher-name}  ${counselor-name}  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Guidance Counselor Teacher In Charge    ${form-number} |
| **TEACHER’S COPY**    Philippine Science High School System  Campus \_\_\_\_\_\_\_\_\_\_\_\_    **GUIDANCE CALL SLIP**    DATE: ${date} TIME: ${time}    **Type of Counseling:**    ⬜ Routine ⬜ Referral ⬜ Individual ⬜ Group  ${counseling-group}  ${counseling-referral}  ${counseling-individual}  ${counseling-routine}    **Name of Student/s | Grade & Section:**    ${student1-grade-section}  ${student1-name}  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_  ${student5-grade-section}  ${student4-grade-section}  ${student3-grade-section}  ${student2-grade-section}  ${student5-name}  ${student4-name}  ${student3-name}  ${student2-name}  5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_    **Counseling Session Time:**    Start: ${counsel-start}End: ${counsel-end}    Requested by: Noted by:    ${teacher-name}  ${counselor-name}  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Guidance Counselor Teacher In Charge    ${form-number} | **TEACHER’S COPY**    Philippine Science High School System  Campus \_\_\_\_\_\_\_\_\_\_\_\_    **GUIDANCE CALL SLIP**    DATE: ${date} TIME: ${time}    **Type of Counseling:**    ⬜ Routine ⬜ Referral ⬜ Individual ⬜ Group  ${counseling-group}  ${counseling-referral}  ${counseling-individual}  ${counseling-routine}    **Name of Student/s | Grade & Section:**    ${student1-grade-section}  ${student1-name}  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_  ${student5-grade-section}  ${student4-grade-section}  ${student3-grade-section}  ${student2-grade-section}  ${student5-name}  ${student4-name}  ${student3-name}  ${student2-name}  5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_    **Counseling Session Time:**    Start: ${counsel-start}End: ${counsel-end}    Requested by: Noted by:    ${teacher-name}  ${counselor-name}  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Guidance Counselor Teacher In Charge    ${form-number} |