



Counseling Request Form  
(CRF for Students)  
Document Code: SEWO-CRFS-010



Date: \_\_\_\_\_ CRF no. \_\_\_\_\_  
(to be filled up by SEWO)

Student's Name \_\_\_\_\_ Mobile No. \_\_\_\_\_

Grade Level/Strand: \_\_\_\_\_ FB Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Email/Mobile No. \_\_\_\_\_

Address: \_\_\_\_\_ Adviser/Teacher: \_\_\_\_\_

Reason for referral (check all that apply):

Academic:  

☐ Attendance (excessive absenteeism)

☐ Exams

☐ Activity Sheets/Assignments

☐ Quiz

☐ Others \_\_\_\_\_

Personal/Social:  

☐ Anger Management

☐ Honesty

☐ Bullying

☐ Self-esteem

☐ Social Skills/Friends

☐ Personal Hygiene

☐ Negative Attitude

☐ Adjustment

☐ Others \_\_\_\_\_

☐ Family Conflict

Incident Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_ Noted by: \_\_\_\_\_ Received by: \_\_\_\_\_

Signature Over Printed Name \_\_\_\_\_ Department Head \_\_\_\_\_ SEWO Director - Guidance Counselor \_\_\_\_\_



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