



Document Code No.
FM-USTP-GCS-02
Rev. No.
Effective Date 03.17.25

UNIVERSITY OF SCIENCE AND TECHNOLOGY OF SOUTHERN PHILIPPINES

ALUBIJID | BALUBAL | CAGAYAN DE ORO | CLAVERIA | JASAAN | OROQUIETA | PANAON | VILLANUEVA

GUIDANCE AND COUNSELING SERVICES

The Guidance and Counseling Services (GCS) observes **STRICT CONFIDENTIALITY** on the personal information shared in this form according to the ethical principles of confidentiality and in compliance with the Data Privacy Act. However, please take note that the information will be disclosed under the following circumstances:

Threat on the life of the client (e.g. attempt to commit suicide, victim of abuse)

The client can cause danger to the lives and health of other people.

Moreover, information may also be given to agencies (e.g. DSWD, Police, Women and Children Protection Unit, Rehabilitation Unit Hospitals and other health providers) that can facilitate or address client's need and situation.

Instruction: Please provide honest response to the information needed. Rest assured that data gathered will be treated with utmost confidentiality in accordance with the Data Privacy Act.

John Doe Student

Student ID: 20250001

XXXXXXXXXXXXXXXXXX - XXXXXXXXXX

No Photo Available

PERSONAL BACKGROUND

Course/Track:

XXXXXXXXXXXXXXXXXX

Major/Strand:

XXXXXXXXXX

Grade/Year Level:

XXXXXXXXXX

First Name:

XXXXXXXXXXXXXXXXXX

Last Name:

XXXXXXXXXXXXXXXXXX

Middle Name:

XXXXXXXXXXXXXXXXXX

Gender:

female

Date of Birth:

02/28/2026

Age:

XXXXXXXXXX

Place of Birth:

XXXXXXXXXXXXXXXXXX

Civil Status:

married

Religion:

XXXXXXXXXXXXXXXXXX

Contact Number:

XXXXXXXXXXXXXXXXXX

Email Address:

XXXXXXXXXXXX@gmail.com

Permanent Address:

XXXXXXXXXXXXXX

Present Address:

XXXXXXXXXXXXXXXXXX

School Last Attended:

XXXXXXXXXXXXXXXXXXXX

Location of School:

XXXXXXXXXXXXXXXXXXXX

Previous Course/Grade:

XXXXXXXXXXXXXXXXXXXX

FAMILY BACKGROUND

Name of Father:

XXXXXXXXXXXXXXXXXXXX

Age:

XXXXXXXXXXXXXXXXXXXX

Contact No:

XXXXXXXXXXXXXXXXXXXX

Occupation:

XXXXXXXXXXXXXXXXXXXX

Educational Attainment:

XXXXXXXXXXXXXXXXXXXX

Name of Mother:

XXXXXXXXXXXXXXXXXXXX

Age:

XXXXXXXXXXXXXXXXXXXX

Contact No:

XXXXXXXXXXXXXXXXXXXX

Occupation:

XXXXXXXXXXXXXXXXXXXX

Educational Attainment:

XXXXXXXXXXXXXXXXXXXX

Parents' Permanent Address:

XXXXXXXXXXXXXXXXXXXX

Husband/Wife (If Married):

XXXXXXXXXXXXXXXXXXXX

Contact No:

XXXXXXXXXXXXXXXXXXXX

Occupation:

XXXXXXXXXXXXXXXXXXXX

Educational Attainment:

XXXXXXXXXXXXXXXXXXXX

Name of Guardian (if applicable):

XXXXXXXXXXXXXXXXXXXX

Age:

XXXXXXXXXXXXXXXXXXXX

Contact No:

XXXXXXXXXXXXXXXXXXXX

Occupation:

XXXXXXXXXXXXXXXXXXXX

Pls. continue on the back page

OTHER INFORMATION

1. Why did you choose this course/program?

xx..

2. How would you describe your family? Please put a check (/) mark on the space provided.

- a family with harmonious relationship among family members
- a family having conflict with some family members
- a family with separated parents
- a family with parents working abroad
- others, pls. specify:
xxxxxxxxxxxxxxxxxxxx

3. Where do you live right now? Please put a check (/) mark on the space provided.

- at home
- boarding house
- relatives
- friends
- others, pls. specify:
xxxxxxxxxxxxxxxxxxxx

4. Describe your living condition. Please put a check (/) mark on the space provided.

- good environment for learning
- not-so-good environment for learning

5. Do you have any physical/health condition/s?

- No
- Yes, pls. specify:
xxxxxxxxxxxxxxxxxxxx

6. Have you undergone intervention/treatment with a psychologist/psychiatrist?

- No
- Yes

CHECK THE SEMINARS/ACTIVITIES YOU WANT TO AVAIL FROM THE GUIDANCE SERVICES UNIT

- Adjustment (dealing with people, handling pressures, environment, class schedules, etc.)
- Building Self-Confidence
- Developing Communication Skills
- Study Habits
- Time Management
- Tutorial with Peers (Please specify the subject/s):
xxxxxxxxxxxxxxxxxxxx
- others, pls. specify:
xxxxxxxxxxxxxxxxxxxx

AWARDS AND RECOGNITION

AWARDS/RECOGNITION RECEIVED	NAME OF SCHOOL/ORGANIZATION	YEAR
xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxx

I hereby certify that all entries on the form are true and correct. I also agree to allow GCS to use the information/data for research purposes.

xxxxxxxxxxxxxxxxxxxx	02/24/2026
SIGNATURE OVER PRINTED NAME	DATE

Generated on 2026-02-24 00:32:47