



GUIDANCE INFORMATION FORM (For 1st Year)

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Fill-in ALL information needed. Indicate N/A if item is not applicable and put a check ✓ for the chosen answer. Rest assured that all information on this form will be treated CONFIDENTIAL.

STUDENT I.D. NUMBER: _____

() New Student () Transferee () Returning Student

PERSONAL DATA

Name: _____

Course & Year: _____

Are you a/an: () Day Program Student () Evening Program Student

Date of Birth: _____

Age: _____

Sex: () Male () Female

Civil Status: _____

PASTE YOUR
2 X 2 ID
PICTURE
HERE

Name of Spouse (if married): _____ Occupation of Spouse: _____ No. of Children: _____

Residential Address: _____

Current Address (if living in boarding house): _____

E-mail Address: _____ Facebook Account: _____ Cellular Phone No.: _____

Tribe/Ethnic Group: _____ Religion: _____ Languages/Dialects Fluent In: _____

Are you a: () Full Time Student () Working Student

If Working Student, where or to whom do you work? _____

PARENT'S INFORMATION

Father's Name: _____

Contact Number: _____ Address: _____

Mother's Name: _____

Contact Number: _____ Address: _____

Parents are: () Living Together () Permanently Separated () Marriage Annulled/Legally Separated
() Temporarily Separated () Father w/another partner () Mother w/another partner

Monthly Family Income (estimated): _____

Number of: Siblings: _____ Working Siblings: _____ College Siblings: _____ High School Siblings: _____

Guardian (if not living w/parents): _____ Contact No.: _____

SCAST Result (Please indicate the INDEX)

General Ability: _____ Verbal Aptitude: _____ Numerical Aptitude: _____

Spatial Aptitude: _____ Perceptual Aptitude: _____ Manual Dexterity: _____

UNIQUE FEATURES

Hobbies/Recreational Activities: _____ Motto: _____

Special Skills/Talents: _____ Special Interests: _____

EDUCATIONAL & CAREER PLAN:

Elementary School: _____ Year Graduated: _____

Secondary School: _____ Year Graduated: _____

Vocational School: _____ Course: _____ Year Graduated: _____

Last School Attended (if Transferee): _____ Course Taken: _____ Year last Attended: _____

Please continue at the back.

Honors/Awards received:_____

Are you enrolling as a scholar? () YES () NO If Yes, what Scholarship Grant?_____

Why did you decide to take the course you are enrolling?_____

Is it your own choice to enroll in DOSCST? () YES () NO, If NO, who influenced you?_____

Why did you decide to enroll in DOSCST?_____

What is your plan or ambition in life?_____

What are your Expectations on?

School:_____ Course:_____

Instructors:_____ Students:_____

Subject you like least:_____ Subject you like most:_____

SELF ASSESSMENT

What traits/characteristics do you think you possess? (You may check as many)

() tense/jittery	() easily troubled	() happy-go-lucky	() friendly
() confident	() responsible	() loner	() imaginative
() submissive	() relaxed/calm	() suspicious	() dominant
() independent	() dependent	() stubborn	() sentimental
() sensitive	() perceptive	() idealistic	() practical
() trusting	() insecure	() worrier	() Others:_____

What bothers you most at the moment?

() Financial difficulty	() Health problems, Please specify:_____
() Difficulties in adjusting a new school	() Interpersonal relationship (parents;friends;siblings)
() Study habits	() Student-Instructor relationship
() Developing self-confidence	() Others, please specify: _____

What was your most embarrassing experience in life?

Things you would like to talk and discuss with:

Friends: _____ Parents: _____

Teachers: _____ Counselor: _____

DATA PRIVACY STATEMENT

In compliance with the Data Privacy Act (DPA) of 2012, and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, I allow DOrSU-GCTC to collect and process my personal sensitive information. Furthermore, I am voluntarily subjecting myself to the data privacy policy of the University.

Particular, I agree that DOrSU-GCTC shall:

- 1. Collect and process my Personal Data, Parent’s Information, SCAST Results, Unique Features, Educational and Career Plan and Self-Assessment;
- 2. Collect and process the aforementioned data solely for counseling and intervention purposes;
- 3. Collect the data using online platform, and
- 4. Store the data for no longer than necessary or upon the termination of the purpose for which the data are to be utilized. I am fully aware of my rights, specifically:
 - a. The exercise of my rights to access, correction, as well as the right to lodge a complaint before the University’s Data Protection Officer;
 - b. That my personal and sensitive personal information shall not be disclosed or transferred to any other individuals or entities without my express consent.

By participating in this data collection, I hereby agree with the foregoing conditions in compliance to Republic Act 10173 or the Data Privacy of 2012.

Data Protection Officer
Administration Building
Dpo.doscst@dorsu.edu.ph

By my signature below I, hereby certify that all information I have provided in this form is true and accurate.

_____	_____
Student’s Signature over printed name	DATE