



Republic of the Philippines  
**BOHOL ISLAND STATE UNIVERSITY-BALILIHAN CAMPUS**  
Magsija, Balilihan, Bohol

**Vision:** A premier S & T university for the formation of world class and virtuous human resource for the sustainable development in Bohol and the country.

**Mission:** Committed to provide quality and innovative education in strategic sectors for the development of Bohol and the country.

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**INDIVIDUAL INVENTORY FORM**

Dear Student,

The purpose of this form is to gather essential information that will enable your Guidance Counselor to help you in whatever way possible. Be assured that **all information** shall be kept with **utmost confidentiality**.

Date: \_\_\_\_\_ A.Y. 2021

Student Number/I.D. Number: \_\_\_\_\_ Course: \_\_\_\_\_

(Family Name) (First Name) (Middle Name) (Nickname)

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Civil Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mobile #: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Email Address: \_\_\_\_\_

City Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

2x2 Picture  
(Not a cut out.)

	FATHER	MOTHER
Name		
Home Address		
Contact Number		
Date of Birth		
Nationality		
Educational Attainment		
Occupation		
Place of Employment		
Monthly Income		

Parents

\_\_\_ Living Together    \_\_\_ Permanently Separated    \_\_\_ Temporarily Separated

\_\_\_ Father – OFW    \_\_\_ Mother – OFW

Name of Brothers/Sisters	Age	School/Place of Work

Place + sign after name, if deceased.

Guardian (if not living with Parents): \_\_\_\_\_

Relationship with Guardian: \_\_\_\_\_ Contact #: \_\_\_\_\_

Address: \_\_\_\_\_

Easiest Subjects: \_\_\_\_\_

Difficult Subjects: \_\_\_\_\_

	Name & Address of School	Inclusive Years of Attendance	Honors/Awards Received
Elementary			
Secondary			
Tertiary/College			

*\*Please write the degree and major.*

Name of Organization/s that You are a Member of In Campus/School or Off-Campus/Community	Position	School Year

Interests: \_\_\_\_\_ Hobbies: \_\_\_\_\_

Skills/Talents: \_\_\_\_\_

Competitions Participated: Individual or Group/ School or Community \_\_\_\_\_

**Awards Received :** \_\_\_\_\_

Ambitions: \_\_\_\_\_

Present Concerns/Problems: \_\_\_\_\_

Fears: \_\_\_\_\_

Philosophy/Motto in Life: \_\_\_\_\_

Traits that You Possess:

Friendly	( )	Easily Troubled	( )	Happy-Go-Lucky	( )
Stubborn	( )	Confident	( )	Calm	( )
Relaxed	( )	Imaginative	( )	Practical	( )
Tense	( )	Suspicious	( )	Trusting	( )
Worrier	( )	Serious	( )	Shy	( )
Reserved	( )	Outgoing	( )	Dominant	( )
Self-assured	( )	Perfectionist	( )	Flexible	( )
Individualistic	( )	Group-Oriented	( )	Traditional	( )

Others (*Please specify.*): \_\_\_\_\_

Disabilities/Impairments: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

Medicines Regularly Taken: \_\_\_\_\_

Accidents Experienced/Effect: \_\_\_\_\_

Operations Experienced/Effect: \_\_\_\_\_

To whom would you like to share your concerns and problems with? Why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like to see and talk to your guidance counselor?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name