UNIVERSITY OF SCIENCE AND TECHNOLOGY OF SOUTHERN PHILIPPINES

Alubijid | Balubal | Cagayan de Oro | Claveria | Jasaan | Oroquieta | Panaon | Villanueva

GUIDANCE AND COUNSELING SERVICES

INTERVIEW/COUNSELING NOTES

Name of Student: _____ **Course/Strand & Year/Grade Level**: _____
Gender: _____ **Contact No.**: _____
Referred by: _____ Date **Referred**: _____
Time Started: _____ Time **Ended**: _____

Presenting Problem/Purpose:

_____
_____
_____

Summary of Counseling/Main Points:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Recommendation:

_____
_____
_____
_____

_____ _____
Name & Signature of Interviewer/Guidance Counselor /Advocate **Date**