



DON MARIANO MARCOS MEMORIAL STATE UNIVERSITY
OPEN UNIVERSITY SYSTEM
GUIDANCE AND COUNSELING UNIT
CITY OF SAN FERNANDO, LA UNION

LATEST
2X2
ID PICTURE

INDIVIDUAL INVENTORY FORM

Reminder: Kindly fill out all the blanks. This form is CONFIDENTIAL and shall be used solely for Guidance and Counseling purposes.

I. PERSONAL DATA Mode of Learning: Online () Self-paced () Group ()
Program: Bachelor's degree () Post-baccalaureate () Graduate () Cross-enrollee ()
Student ID Number: Course/Program: School Year: Date Filled:
Name: (Family Name) (First Name) (Middle Name)
Age: Date of Birth: Place of Birth:
Sex: () Male () Female Number of siblings: Birth Order among siblings:
Present Address:
Permanent Address:
Location of Residence: () Urban () Rural Languages Spoken:
Contact Number/s: Email address:
Religion from birth: Current Religion:
Civil Status: () Single () Married () Separated () Annulled () Widow/er () Single Parent
Number of children: Number of children with impairment: Type of impairment:
Current Job Position: Type of Employment: () Public () Private () Self-employed
Employment Status: () Permanent () Temporary () Probationary () Contractual Others:
Date Employed: Employer:
Employment Address:
Name of Spouse: Present Occupation: OFW: () Yes () No
Employer/Employment Address:
Talents/Hobbies:
Skills:
Ethnic Group: () Tagalog () Ilocano () Pangasinense () Pampagueno () Ibaloy () Ibanag () Kiangan
() Kankana-ey Others, please specify:

Father Mother
(Mark with + if deceased) (Mark with + if deceased)
Name:
Current Religion:
Date of Birth:
Place of Birth:
Current Address:
Contact Number/s, Email-address:
Highest Educational Attainment:
Occupation:
If deceased, cause of death:
Status of Parents: () Living together () Separated () Annulled Others:
Name of Guardian (if not living with parents):
Relationship with Guardian: Contact number/s:
Current Address:

II. SCHOOL DATA
Easiest Subjects:
Most Difficult Subjects:
Subjects with Lowest Grades:
Subjects with Highest Grades:

Table with 3 columns: Program/Course, Name of School with address, Year Graduated. Rows include Doctorate, Masteral, College, Vocational, Secondary, Elementary.

Award/s Received	Position/Name of Organization
Doctorate: _____	_____
Masteral: _____	_____
College: _____	_____
Vocational: _____	_____
Secondary: _____	_____
Elementary: _____	_____

III. HEALTH DATA/PSYCHOLOGICAL CONSULTATIONS

Guiding Principle in life: _____
 Characteristics that best describe yourself: _____
 Present Concerns/Problems: _____
 Present Fears: _____
 Disabilities/Impairments: _____
 Accidents experienced: _____
 Diseases/Illnesses: _____
 Operations experienced: _____
 Allergies: _____

Have you consulted a psychiatrist before? () Yes () No
 Reason? _____ How long? _____
 Have you consulted a psychologist before? () Yes () No
 Reason? _____ How long? _____
 Have you consulted a counselor before? () Yes () No
 Reason? _____ How long? _____

V. CAREER INTEREST INFORMATION

Course Preference: 1. _____ 2. _____ 3. _____
 Reason/s for these preferences? _____ personal choice _____ parents' choice _____ suggested by others
 Other reasons, please specify: _____
 Reason/s for choosing DMMMSU-OUS? _____
 Who finance your studies? _____

VI. TEST DATA

Licensure Exam: _____ Date Taken: _____

Have you undergone any psychological test/s before? () Yes () No

Name of Psychological Test Taken	Year Taken/Result
_____	_____
_____	_____
_____	_____

Person to be contacted in case of emergency:

1. _____ Contact Number/s: _____
 2. _____ Contact Number/s: _____

I hereby certify to the correctness and accuracy of these statements.

 Signature Over Printed Name

NOTE: KINDLY CHECK IF YOU HAVE COMPLETED ALL THE DATA NEEDED. THANK YOU.



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LIST OF STUDENTS FOR REFERRAL
_____ Semester SY _____

NAME OF STUDENT	COURSE/ PROGRAM SCHEDULE	POSSIBLE ISSUES/CONCERN/S (kindly write your observations/manifestations)

Referred by (Name of Tutor with Signature): _____

Date Submitted to the GCU: _____