

VISION

A globally-recognized institution of higher learning that develops competent and morally upright citizens who are active participants in nation building and responsive to the challenges of 21st century.

MISSION

Batangas State University is committed to the holistic development of productive citizens by providing a conducive learning environment for the generation, dissemination and utilization of knowledge through, innovative education, multidisciplinary research collaborations, and community partnerships that would nurture the spirit of nationhood and help fuel national economy for sustainable development.

CORE VALUES

Faith
Patriotism
Human Dignity
Integrity
Mutual Respect
Excellence



Produced by the
Office of Student Affairs & Services
2017

BATANGAS STATE UNIVERSITY



*Leading Innovations,
Transforming Lives*

Institutional Student
Programs and Services

**SERVICES FOR STUDENTS WITH
SPECIAL NEEDS AND
PERSONS WITH DISABILITIES**

MANUAL

2017 EDITION

The Office of Student Affairs and Services Programs are aligned to the Vision, Mission of the Institution, goals and objectives in accordance with the CMO No. 09 series of 2013

General Functions of the Office of Student Affairs and Services (OSAS)

The OSAS operates within the context of the Mission, Vision, and Core Values of the University. It is directly under the authority of the Office of Vice-president for Academic Affairs, it provides non-academic services that support academic instruction. The OSAS are the services and programs in the university that are concerned with academic support experiences of students to attain holistic student development. The purpose is to facilitate holistic student growth for active participation in the collective efforts to develop the community and build a progressive nation. These non-academic services are student-centered and three-pronged: student welfare services, student development programs and services and institutional student programs and services.

Student Welfare Services are the basic services and programs needed to ensure and promote the well-being of students. **Student Development Services** are services and programs designed for the exploration, enhancement and development of the student's full potential for personal development, leadership and social responsibility through various institutional and/or student-initiated activities. **Institutional Student Programs Services** are services and programs designed to pro-actively respond to the basic health, food, shelter and safety concerns including student with special needs and disabilities and the school. These are programs and activities to facilitate the delivery of essential services to the students. The **Office of Services for Students with Special Needs and Persons with Disabilities** is under the **Institutional Student Programs**.

The Policies and Procedures of the Services for Students with Special Needs and Persons with Disabilities was approved under Resolution No. 557, Series of 2016 during the Fifty-Second (52nd) Regular Meeting of the Batangas State University Board of Regents held at CHED Executive Lounge, HEDC Building, C.P. Garcia Avenue, U.P. Diliman, Quezon City on December 28, 2016.

Office of Services for Students with Special Needs and Person with Disabilities
bsu_ogcmain@yahoo.com

BatStateU Pablo Borbon Main 1 0998-535-4990 980-0385 loc. 1248 / 1134	BatStateU Lipa City 312-2822 loc. 3104
Pablo Borbon Main II 425-0139 loc. 2147	BatStateU Lobo 417-3396
BatStateU JPLPC Malvar 778-2170 ; 778-6633	BatStateU San Juan 575-5192
BatStateU Balayan 417-6394	BatStateU Lemery 411-0944
BatStateU ARASOF Nasugbu 741-0029 ; 416-0350 ; 706-3487	BatStateU Rosario 321-0861 loc. 4204

TABLE OF CONTENTS

SSSNPWD in Action



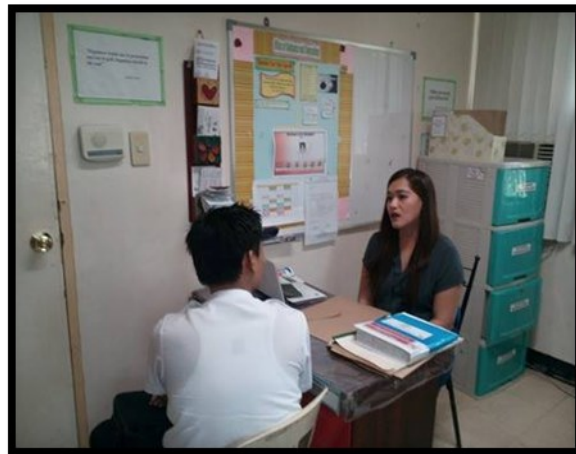
ARTICLE	PAGE
I - Policy Statement.....	5
II - Scope and Coverage.....	6
<i>Section 1</i>	6
<i>Section 2</i>	6
III - Responsibility of Officials /Personnel.....	6
<i>Section 1: Assistant Director</i>	6
IV - Definition of Terms.....	6
V - Procedures.....	9
<i>Section 1: Individual Inventory / Analysis Service</i>	9
<i>Section 2: Counseling</i>	9
<i>Section 3: Referral</i>	10
<i>Section 4: Consultation</i>	10
<i>Section 5: Social Support</i>	11
<i>Section 6: Referral for Further Assistance from Outside Agencies/Organization</i>	11
<i>Section 7: Provision of express lanes for Students with Special Needs (SSN) and Persons with Disability (PWD)</i>	12
VI - Mandatory Evaluation and Review.....	12
VII -Effectivity.....	12
Organizational Chart.....	13
Work Instructions	
Consultation Service for Students with Special Needs and Persons with Disabilities	14
Individual Inventory/Analysis Service of Students with Special Needs and Persons with Disabilities	15
Referral for Counseling Service for Students with Special Needs and Persons with Disabilities	16

TABLE OF CONTENTS

	PAGE
Walk-in Counseling Service for Students with Special Needs and Persons with Disabilities.....	18
Forms	
Student Information Updating Sheet.....	20
Request for Certificate of Good Moral Character.....	20
Report of Absences.....	21
Released of Information.....	22
Psychometrician Referral Form.....	22
Student Information Sheet.....	23
Guidance Counselor Referral Form.....	25
Non-Suicide Contract.....	25
Individual Interview Form.....	26
Home Visit Form.....	28
Exit Interview Form.....	28
Exit Questionnaire for Students	29
Counseling Form.....	31
OGC Call Slip.....	31
Class Admission Slip.....	32
Closed At Intake Form.....	32
Waiver for Pregnant Student	33
Initial Individual Interview & Career Counseling for OJT.....	33
Post Individual Interview & Career Counseling for OJT.....	33
Post-Sanction Counseling Slip.....	34
 References.....	 35

SSSNPWD in Action





POLICIES AND PROCEDURES FOR SERVICES FOR STUDENTS WITH SPECIAL NEEDS AND PERSONS WITH DISABILITIES

In accordance with CHED Memorandum no. 09, series of 2013 (Enhanced Policies and Guidelines on Student Affairs and Services), Republic Act No. 10754 [An Act Expanding the Benefits and Privileges of Persons With Disability (PWD)] and Batangas State University Norms of Conduct for College Students, the following policies and guidelines for services for Students with Special Needs (SSN) and Persons With Disability (PWD) in Batangas State University are hereby adopted for the information, guidance and compliance of all concerned.

ARTICLE I POLICY STATEMENT

The Office of Services for Students with Special Needs and Persons with Disabilities (SSSN and PWD) was established to provide programs and activities designed to offer equal opportunities to PWDs, indigenous people, solo parent, etc. (*CHED Memorandum No. 09, series of 2013*).

Section 1. The Office as an integral part of the University is mandated to ensure that academic accommodation is made available to persons with disabilities and learners with special needs with proper consultation and conference with students with disabilities themselves, together with their teachers, parents/guardians, personal assistants and other concerned professionals, whenever necessary.

Section 2. The Office offers services on life skills development. Services offered include Individual Inventory and Planning, Information Service, Counseling, Referral and Consultation, and Social Support.

Section 3. The Office shall regularly submit the list of students with disabilities detailing the intervention programs to Commission on Higher Education Regional Office (CHEDROs) in order to build up the Database of Higher Education Institutions (HEIs) accommodating PWDs.

ARTICLE II SCOPE AND COVERAGE

Section 1. The policies and procedures set herein shall be applicable to all the clients of the Office of Guidance and Counseling. The services offered by the office are: Individual Inventory, Information Service, Counseling, Referral, Consultation, Social Support, and Program Management.

Section 2. There shall be a regular submission and coordination of the list of students with disabilities detailing the intervention programs to the CHEDROs in order to build up the Database of HEIs Accommodating PWDs.

ARTICLE III RESPONSIBILITY OF OFFICIALS/PERSONNEL

Section 1. The Assistant Director for Service of Students with Special Needs (SSN) and Persons With Disabilities (PWD), Heads/ Coordinators and Guidance Facilitators under the supervision of the Director of Office of Student Affairs and Services and in collaboration with the Deans and Faculty Members are responsible in the development, conduct and evaluation of program for SSN and PWDs.

ARTICLE IV DEFINITION OF TERMS

The following terms are defined:

- 1.1 Students with Special Need - It refers to those with exceptionalities. These are students with impairment or disabilities; handicap; and at risk (see definition of terms).
- 1.2 Impairment or Disability - It refers to reduced function or loss of a specific part of the body or organ (Inciong, et al., 2007). Impairments or disabilities include physical and health impairments, visual impairments, hearing impairments, mental retardation, learning disabilities, communication disorders, emotional and behavioral disorders and severe disabilities. Impairment or disability maybe permanent or temporary.
- 1.3 Emotional and Behavioral Disorders - Schizophrenia, autism, conduct disorder, personality disorders (anxiety-withdrawal), inadequacy-immaturity, socialized aggression (subcultural delinquency).

References:

- CHED Memo No. 09 s. 2013
- Republic Act no. 9442
- Republic Act No. 10754
- University Code
- OGC Policies and Procedures
- Counseling Form
- PWD Policies and Procedures
- OGC Call Slip
- Individual Interview Form
- Counselor's/Facilitator's Evaluation Form
- Quality Manual
- Control of Documents and Records

19. Post Individual Interview & Career Counseling for OJT

POST INDIVIDUAL INTERVIEW & CAREER COUNSELING FOR OJT	
Student's Name: _____ SR Code: _____ Campus: _____	Program: _____ Year & Section: _____
I certify that Mr./Ms. _____ has undergone post individual interview and career counseling.	
Remarks: _____	
_____ Signature over Printed Name Guidance Facilitator	

20. Post-Sanction Counseling Slip

POST-SANCTION COUNSELING SLIP	
	Date: _____
This is to certify that _____ of _____ (Name)	
_____ has undergone post-sanction counseling. (Dept., Yr/Sec.)	
_____ Guidance Facilitator	_____ Head, OGC

- 1.4 Health Impairments - Include chronic illnesses, that is, they are present over long periods and tend not to get better. Among chronic illnesses are asthma, diabetes, hemophilia, and burns.
- 1.5 Hearing Impairments - Include deaf, prelingual deafness, postlingual deafness, and sensory neural deafness.
- 1.6 Learning Disabilities - Include dyslexia functions disturbance in ability to learn/read), developmental aphasia (loss of speech functions).
- 1.7 Mental Retardation - Include mild mental retardation (IQ scores from 55 to 70), moderate (IQ scores from 40 to 54), severe (IQ scores from 25 to 39), and profound (IQ scores below 25).
- 1.8 Physical Impairments - Include orthopedic impairments (e.i. poliomyelitis, osteomyelitis, bone fracture, muscular dystrophy); and neuro-muscular impairments (e.i. cerebral palsy, Erb's palsy, limb deficiency, congenital crippled- clubfoot, clubhand, polydactylism, syndactylism).
- 1.9 Severe and Multiple Disabilities - It refers to two or more disabilities (e.i. deaf-blind).
- 1.10 Visual Impairments - Include blindness, low vision-poor sight, lazy eye, farsightedness, myopia, astigmatism, albinism, cataracts, glaucoma, muscular degeneration, diabetic retinopathy.
- 1.11 Handicap - It refers to a problem a person with impairment or disability encounters when interacting with people, events and the physical aspects of environment—e.i. a student with low vision cannot read the regular print of textbooks; a student who has physical disability such as crippling condition cannot walk normally and uses a wheelchair, braces or artificial limbs (Inciong, et al., 2007).
- 1.12 At risk - It refers to individuals who have greater chances than other children to develop a disability. The individual is in danger of substantial developmental delay because of medical, biological, or environmental factors. Include cases resulting from extreme poverty, child abuse, absence of adequate shelter and medical care, parental substance abuse, limited opportunities for nurturance and social stimulation (Inciong, et al., 2007).

1.13 Individual Inventory / Analysis Service. It is the collection of extensive information about the individual for proper understanding, decision making, and placement. It is conducted through the distribution, retrieval and filing of student information sheet and student information updating forms; and individual interview.

1.14 Information Service - It refers to systematic dissemination of information among students with special needs and PWDs. Includes classroom guidance orientation sessions for the stakeholders: faculty members, employees, administrators, students and parent's distribution of brochures/ newsletters seminars/ lecturettes.

1.15 Counseling - It is the personal interaction between a counselor and counselee/s, where the counselor employs methods, approaches or techniques to enhance the counselee's interpersonal and intrapersonal development, career counseling and competencies. Counseling may be conducted individually or in groups. Students avail of the counseling service by routine interview, walk-in or by referrals. Follow-up and issuance of admission slip is also part of counseling service. It is gender sensitive and non-discriminative.

1.16 Referral - It refers to seeking help from professionals recognized as knowledgeable and experienced inside and outside the University, to better attend to the needs of the students with special needs and PWDs.

1.17 Social Support - It refers to the development of support from fellow students with special needs, students, faculty members, administrators, mental health professionals, parents/guardians, etc. Includes small groups/peer intervention programs/prevention groups.

1.18 Consultation - It refers to the mutual sharing and analysis of information with the administration/ management, faculty and parents to facilitate decision making and learning about strategies for helping students with special needs and PWDs.

19. Waiver for Pregnant Student

<u>WAIVER FOR PREGNANT STUDENT</u>	
Please Check: <input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> Rosario Campus <input type="checkbox"/> Balayan Campus <input type="checkbox"/> San Juan Campus <input type="checkbox"/> Lobo Campus	
I, _____, certify that I am currently pregnant, in good health and that my parents, physician and/or obstetrician are aware of my attending in school.	
By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury to myself and the child I am bearing, death or damage to personal property, associated with the activities and the events organized by the College of _____, Batangas State University.	
In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.	
_____ Signature over Printed Name of Student	_____ Date
_____ Signature over Printed Name of Parent	_____ Date
_____ Signature over Printed Name of Physician / Obstetrician	_____ Date

20. Initial Individual Interview & Career Counseling for OJT

INITIAL INDIVIDUAL INTERVIEW & CAREER COUNSELING FOR OJT	
Student's Name: _____	SR Code: _____
Program: _____	Year & Section: _____
I certify that Mr./Ms. _____ has undergone initial individual interview and career counseling.	
Remarks: _____ _____	
_____ Signature over Printed Name Guidance Facilitator	

16. Class Admission Slip

CLASS ADMISSION SLIP	
Please Check:	<input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> Rosario Campus <input type="checkbox"/> Balayan Campus <input type="checkbox"/> San Juan Campus <input type="checkbox"/> Lobo Campus
Date: _____	
To: _____ Instructor/ Professor	
Please admit _____ of _____, for being absent / late in class from _____ to _____ because _____.	
Remarks: <input type="checkbox"/> reasonable <input type="checkbox"/> was reminded of the University policy on absences and tardiness <input type="checkbox"/> underwent counseling	
Other remarks: _____ _____	
(OGC's copy)	Name of Guidance Counselor/Facilitator

18. Closed At Intake Form

CLOSED AT INTAKE FORM				
Please Check:	<input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Rosario Campus	<input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Balayan Campus	<input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> San Juan Campus	<input type="checkbox"/> Lobo Campus
Counselor's Name: _____		Date: _____		
Date closed: _____		College/Department: _____		
Client's name: _____		Client signature: _____		
Please underline: 1. Intake 2. Emergency				
Referral (specify nature of referral): _____ _____				
Disposition: (please encircle your selection)				
◇ Closed at Intake ◇ Referred out at intake. Referred to: _____ Referral confirmed? YES NO ◇ Extended Intake. (Indicate whether 1 or 2 sessions): ◇ Others (please specify): _____ _____				

ARTICLE V PROCEDURES

Section 1. Individual Inventory / Analysis Service. It is the collection of extensive information about the individual for proper understanding, decision making, and placement. It is conducted through the distribution, retrieval and filing of student information sheet and student information updating forms; and individual interview.

- 1.1 Secure a list of students with special needs and PWDs at the clinic or the different colleges.
- 1.2 The list of the students with special needs and PWDs are maintained, updated and secured.
- 1.3 The Guidance Head, Coordinator and Facilitators survey, describe and analyze the nature of disabilities/impairments of the special needs students and PWDs through individual interview.
- 1.4 The guidance counselor/facilitator coordinates with the Faculty and Deans to ensure a systematic scheduling of individual interview sessions and informs the students through class visits or through call slips.
- 1.5 Medical certificates/results are requested and collected for reference and confirmation.
- 1.6 Remarks of the session shall be properly logged.
- 1.7 Students shall log in the OGC logbook and answer a Counselor's Evaluation Form for proper recording and evaluation.

Section 2. Counseling. It refers to helping process between the counselor and the student with special needs and PWD. The counselor assists the student/s for them to cope up with their personal-social, academic and career development concerns. It could be conducted individually and/or group, and be availed through walk-in and/or referral. It is gender sensitive and non-discriminative.

- 2.1 Students with special needs and PWDs are always welcome to visit their guidance counselors/facilitators at the guidance office for counseling.
- 2.2 Counseling may be conducted individually or by group depending on the nature of the concern/s of the client/s.
- 2.3 Remarks of the session shall be properly logged.
- 2.4 Students shall log in the OGC logbook and answer a Counselor's Evaluation Form for proper recording and evaluation.

Section 3. Referral. Faculty, parents, university officials, students and concerned individuals may make referrals to the guidance office. Referrals are advisable to students who need assistance from the counselor/facilitator who have learning difficulties, absenteeism, have difficulty with inter-personal relationships, and manifest observable changes in behavior and the like.

- 3.1 The guidance counselor/facilitator provides faculty members/ class advisers of counseling referral forms which are also available at the dean's office and faculty room.
- 3.2 If the parent/guardian, faculty, student, administrator see a need for counseling, a referral form is accomplished and forwarded to the OGC.
- 3.3 The guidance counselor/facilitator issues a call slip to the concerned student or through the class adviser.
- 3.4 Individual or group counseling is conducted as scheduled.
- 3.5 The guidance counselor/facilitator provides a copy of the counseling form (feedback slip) with counselor's remarks to the parent/guardian, faculty, administrator or student concerned.
- 3.6 Remarks of the session shall be properly logged.
- 3.7 Students shall log in the OGC logbook and answer a Counselor's Evaluation Form for proper recording and evaluation.

Section 4. Consultation. It is a process by which sharing and analyzing gathered information with the administration, faculty and parents/guardians to facilitate decision making and think of ways on how to help the student/s better. This is necessary for program development and improvement of services.

- 4.1 Guidance counselor/facilitator informs the concerned administrator, faculty and parent/guardian regarding consultation.
- 4.2 Guidance counselor/facilitator arranges the meeting of the concerned administrator, faculty and parent/guardian and finding their common time of availability.
- 4.3 Consultation shall take place in the OGC or any secure place.
- 4.4 The guidance counselor/facilitator together with the concerned administrator, faculty and parent/guardian discuss the concern/s of the student/s and facilitate decision making and strategies on how to better help the student/s with special needs and PWDs.
- 4.5 Feedback is solicited to the concerned student, faculty and parent/guardian that can serve as a basis for the improvement of services.
- 4.6 Remarks of the session shall be properly logged.

13. Counseling Form

COUNSELING FORM				
Please Check :	<input type="checkbox"/> GPB Main Campus <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Rosario Campus	<input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Balayan Campus	<input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> San Juan Campus	<input type="checkbox"/> Lobo Campus
Name of student:			Date:	
Program, Year & Section:			College/Department:	
Contact No.:				
Nature of visit (please check): <input type="checkbox"/> Walk-in <input type="checkbox"/> Referral: _____				
Problem(s)/ Concern(s) _____ _____				
Action Taken/ Recommendation(s): _____ _____				
Follow up: Date(s): _____ _____ _____				
_____ Counselee			_____ Guidance Counselor	
"=====				
Counseling slip				
Name of Student:			Date:	
Program, Year & Section:			Session ended:	
_____ Guidance Counselor				

14. OGC Call Slip

OGC CALL SLIP	
Date:	
To:	
Grade/Year Level:	Section:
Please report to the guidance office on: Time: _____ Day: _____	
Signature:	
Name:	
Position/Designation:	

12. Exit Questionnaire for Students page 2 of 2

10. What do you suggest to improve the curriculum of the program?

11. What available equipment is most important/useful in your program?

Are these functional? Yes No

12. What other equipment not available in the college are necessary for the effective operation of the program?

13. How does the college cope with the lack of this equipment?

Questionnaire for Program Process

14. What teaching method(s) used by the teacher do you consider most effective? Why?

Method	Reason
_____	_____
_____	_____

15. Do you prefer a male or a female instructor? Why?

16. What can you say about the relevance and implementation of the policies regarding the following?

- a.) Admission of students _____
- b.) Retention of students _____
- c.) Graduation of students _____
- d.) Maintenance of discipline _____
- e.) Student Activities _____
- f.) Student Services _____
 - Scholarships _____
 - Library _____
 - Medical/dental _____
 - Canteen/food _____
- g.) Others _____

17. Would you want your children/siblings to take up the same degree as yours at BatStateU? Why or why not?

Signature over Printed Name of Student

Note: Please bring a Photocopy of a Valid ID of your parent/guardian.

Thank you!

Section 5. Social Support. It is the development of support from fellow students with special needs, PWDs, students, faculty members, administrators, mental health professionals, parents/guardians, etc. Includes small groups/peer intervention programs/prevention groups.

- 5.1 Guidance Head/Coordinators/Guidance facilitator/s and Parents shall work with the students with special needs and PWDs and encourage them to form a support group.
- 5.2 After forming and/or inviting a support group, the guidance head, coordinator and facilitators assist and monitor the group.
- 5.3 The group shall communicate, coordinate and collaborate with the Office of Student Affairs and Services (OSAS), faculty and parents if they want to conduct an activity.
- 5.4 Assistant Director shall review and recommend for approval of the activities of the support group/s and monitor them.
- 5.5 Guidance Head/Coordinators must supervise meetings/sessions of the support groups.

Section 6. Referral for Further Assistance from Outside Agencies/Organization.

- 6.1 Referral for further assistance from outside agencies/organization occurs when the guidance counselor/facilitator assesses and sees that the case at hand is beyond his/her capacity.
- 6.2 In cases professional help is needed, further assistance is sought in coordination with outside agencies and organizations.
- 6.3 A case conference between the OGC, SSN and PWD personnel can be done to come up with the best appropriate decision regarding the case at hand.
- 6.4 Parents and guardians must be notified in writing.
- 6.5 Faculty, concerned individuals, guidance counselor and members of the administration can initiate the referral process with due notification to the assistant director of OGC. They may assume responsibility of making referrals to outside agencies for further assistance.
- 6.6 Available referral form from outside agencies is filled out by the adviser/ concerned teacher/ parent/ guidance counselor and concerned individuals that observed or felt the need to refer their student/s to outside agencies/ organizations/ individuals.
- 6.7 Documents and procedures done for referrals are logged in the guidance log book.

Section 7. Provision of express lanes for Students with Special Needs (SSN) and Persons with Disability (PWD). Provision of express lanes for SSN and PWDs in all of the University's facilities must be present and provided; in the absence thereof, priority shall be given to them.

**ARTICLE VI
MANDATORY EVALUATION AND REVIEW**

By the end of each academic year, the University shall conduct a mandatory review of the policy as to the status of its implementation and compliance to existing laws and regulations for possible revisions or amendments.

**ARTICLE VII
EFFECTIVITY**

The policies and procedures of the Services for Students with Special Needs and Persons With Disabilities shall take effect upon the approval of the University Board of Regents and shall be effective unless otherwise repealed or amended.

12. Exit Questionnaire for Students page 1 of 2

EXIT QUESTIONNAIRE FOR STUDENTS	
Please Check: <input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> Rosario Campus <input type="checkbox"/> Balayan Campus <input type="checkbox"/> San Juan Campus <input type="checkbox"/> Lobo Campus	
DATE: _____ SR Code : _____	
A. Program Context	
1. Why did you enter the _____ program/course at BatStateU? _____ _____	
2. Which of your personal needs are being satisfied by the program/course? Why or why not? _____ _____	
B. Program Inputs	
3. How would you describe the students who enter the program? Why? _____ _____	
4. Do you think gender is a consideration for admission? Why or why not? _____ _____	
5. What qualities do you believe are necessary for a student to be retained in the program? _____ _____	
6. Do you believe the faculty members have the qualities necessary to attain the objectives of the program? Why or Why not? _____ _____	
7. Do you consider the curriculum of the program relevant? Why or Why not? _____ _____	
8. Which three subjects/courses do you consider most useful or relevant among the subjects/courses you are taken?	
Subjects/Courses	Reason
_____	_____
_____	_____
9. Which three subjects/courses do you consider least useful among the subjects/courses you have taken?	
Subjects/Courses	Reason
_____	_____
_____	_____

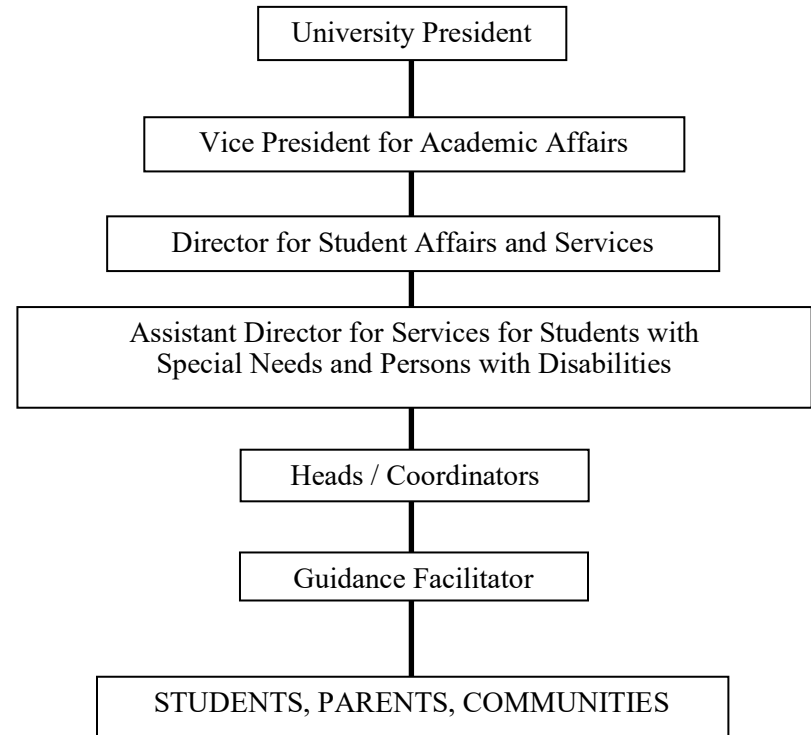
10. Home Visit Form

HOME VISIT FORM				
Please Check:	<input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Rosario Campus	<input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Balayan Campus	<input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> San Juan Campus	<input type="checkbox"/> Lobo Campus
Last attendance (Semester & A.Y.):			Date Filed:	
Last Name:		First Name:		M.I.:
Program/Year/Section:			SR Code:	
Department/College:			Year level:	
Home Visitor's Name:				
Date and time of Home Visit:				
Expected home visit outcomes:				
Activities:				
Comments about home visit:				
_____ Signature over Printed Name (Parent)				
Noted:				
Guidance Counselor		Adviser/Program Chair		College Dean
Date: _____	Date: _____	Date: _____	Date: _____	
Remarks: _____	Remarks: _____	Remarks: _____	Remarks: _____	

11. Exit Interview Form

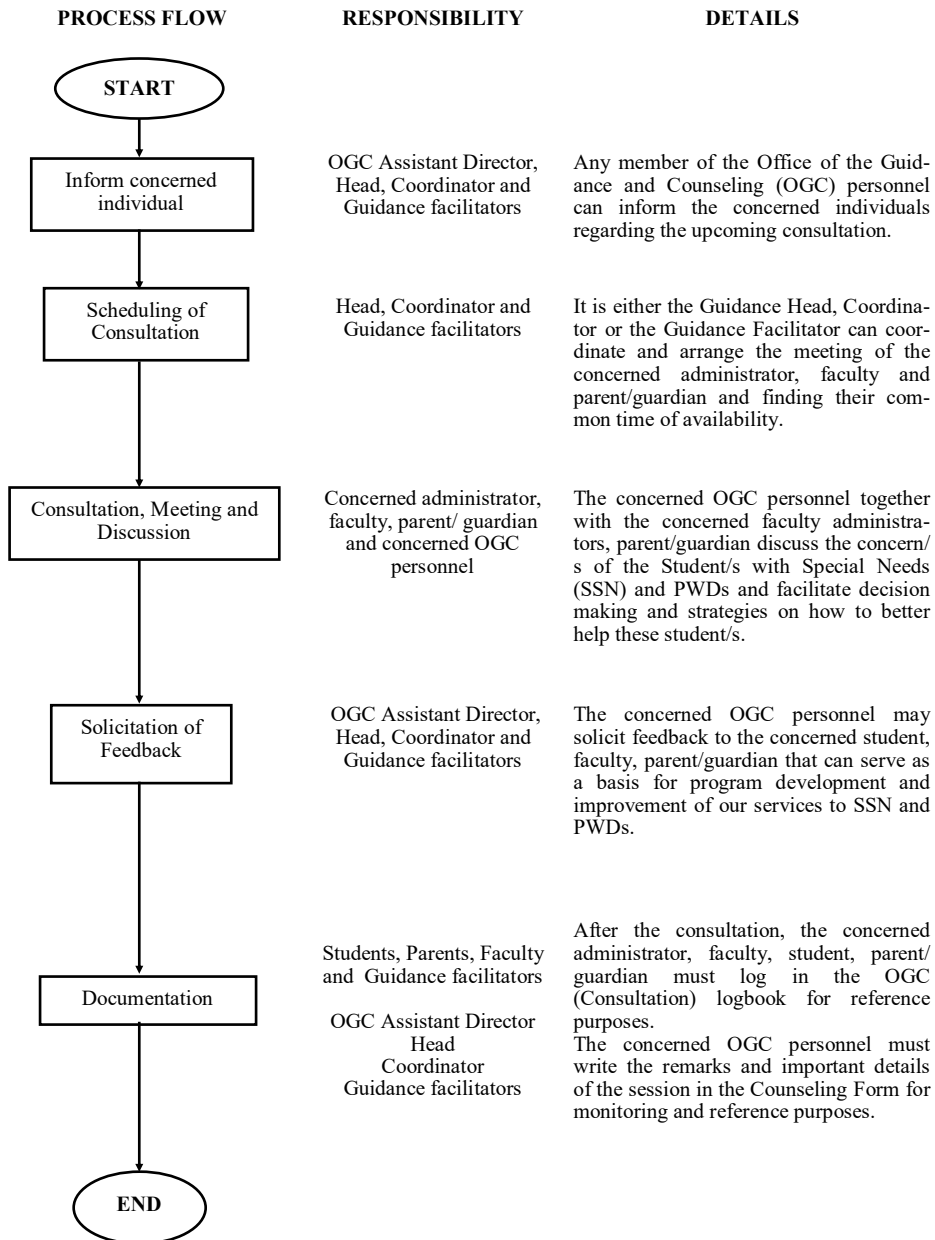
EXIT INTERVIEW FORM				
Please Check:	<input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Rosario Campus	<input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Balayan Campus	<input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> San Juan Campus	<input type="checkbox"/> Lobo Campus
<input type="checkbox"/> Shifter <input type="checkbox"/> Transferee		Last Attendance (Semester & A.Y.):		Date Filed:
Last Name:		First Name:		M.I.:
Department:		Program:		Year level:
Reason for Shifting/Transferring:				
Noted:				
Parent/Guardian		Adviser/Program Chair		College Dean
Date: _____	Date: _____	Date: _____	Date: _____	
Remarks: _____	Remarks: _____	Remarks: _____	Remarks: _____	
Interviewed by:				
Guidance Counselor/Facilitator				
Date: _____				
Remarks: _____				

Office of Services for Students with Special Needs and Persons with Disabilities Organizational Chart



OGC Work Instruction

1. Consultation Service for Students with Special Needs and Persons with Disabilities



9. Individual Interview Form page 2 of 2

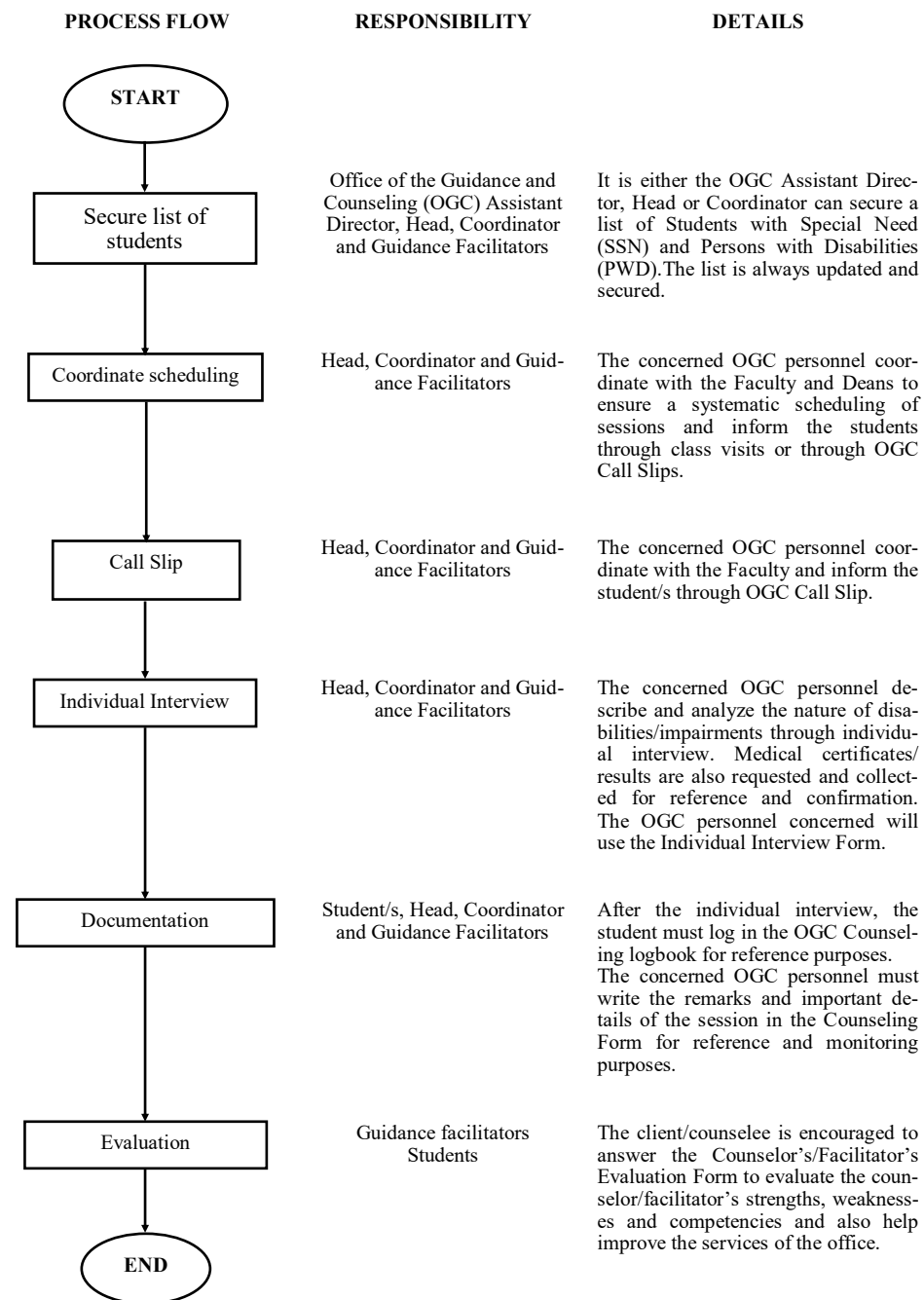
E. OTHER PERSONAL CIRCUMSTANCES /FEATURES			
Friends in the University:			
Friends outside the University:			
Special Interests:			
Special Skills/Talents:			
Hobbies/Recreational Activities:			
Ambitions/Goals:			
Guiding Principle in Life / Motto:			
Characteristics that describes You best:			
State the most significant event in your life:			
Present CONCERNS/PROBLEMS:			
Present FEARS:			
EXPECTATIONS in Batangas State University:			
How do you see yourself ten years from now?			
State your DREAMS & ASPIRATIONS IN LIFE.			
How did you choose your present course. (Please check):			
<input type="checkbox"/> Family tradition or suggestion		<input type="checkbox"/> My personal interest	
<input type="checkbox"/> Choice was forced upon me		<input type="checkbox"/> Good financial prospects	
<input type="checkbox"/> I have a calling for this work		<input type="checkbox"/> It is the vocation of someone I admire or respect	
<input type="checkbox"/> Best suited to my interests/abilities		<input type="checkbox"/> Others (pls. specify) _____	
F. PREVIOUS PSYCHOLOGICAL CONSULTATIONS			
Have you consulted a Psychiatrist before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when? _____		For how many sessions/ how long? _____	
For what reason? _____			
Have you consulted a Psychologist before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when? _____		For how many sessions/ how long? _____	
For what reason? _____			
Have you consulted a Counselor before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when? _____		For how many sessions/ how long? _____	
For what reason? _____			
Counselor's Name: _____		Where: _____	
Any test given? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind? _____			
Are taking any medications right now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes what kind? _____			
When did you start taking it? _____		Frequency: _____	
I certify that all the facts and information stated in this form are true and correct.			
_____ Signature Over Printed Name of Student		_____ Date	
Please check :			
<input type="checkbox"/> Freshman		<input type="checkbox"/> Transferee	
<input type="checkbox"/> Old Student		<input type="checkbox"/> Foreign Student	

9. Individual Interview Form page 1 of 2

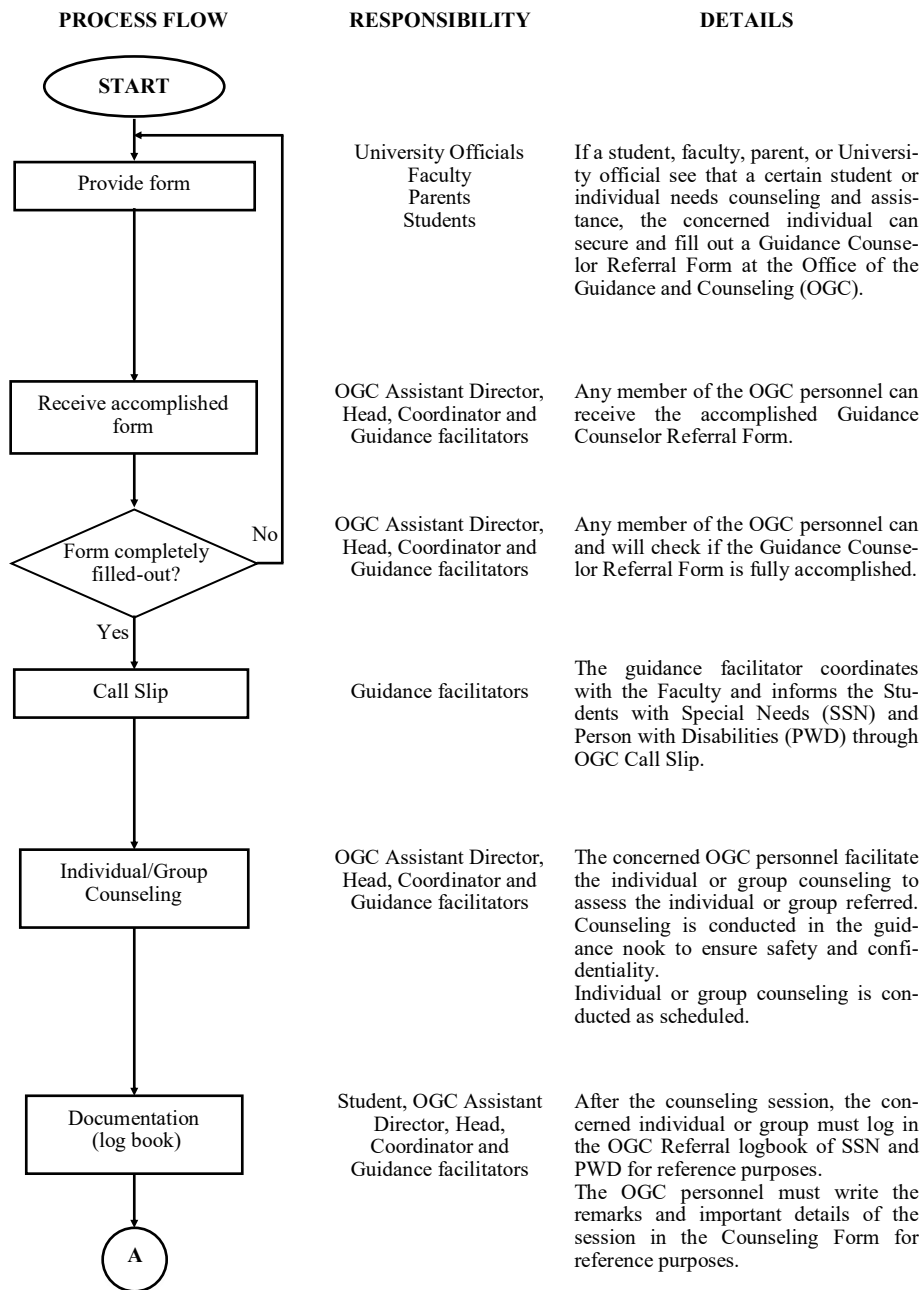
INDIVIDUAL INTERVIEW FORM			
Name:		Date:	
Program/Year:	Age:	Sex:	Mobile No.:
A. EDUCATIONAL INFORMATION			
Why are you in your present academic program?			

Easiest subject/course:			
Most difficult subject/course:			
Subjects with Lowest Grades/What Grades:			
Subjects with Highest Grades/What Grades:			
B. FAMILY BACKGROUND			
	Father (Mark with † if deceased)	Mother (Mark with † if deceased)	
Name:			
Present Address:			
Permanent Address:			
Home Phone:			
Mobile Phone:			
Email Address:			
Educational Attainment:			
Occupation:			
Business Address			
Business Telephone #:			
Annual Income (optional)			
Language/s Spoken			
Religion:			
Parent Status:			
Put a (/) check mark on the appropriate space :			
<input type="checkbox"/> Living Together		<input type="checkbox"/> Temporarily Separated	
<input type="checkbox"/> Mother, OFW		<input type="checkbox"/> Permanently separated	
<input type="checkbox"/> Father, OFW		<input type="checkbox"/> Marriage annulled/legally separated	
Guardian (if not living with Parents):		Relationship:	
Address:			
Telephone of Guardian, Landline:		Mobile No.:	
Person to contact in case of emergency:		Contact No.:	
C. CO-CURRICULAR ACTIVITIES (Note: Use extra sheets if necessary)			
Membership in Organizations			
Inside The University		Outside the University	
_____		_____	
_____		_____	
_____		_____	
D. PERSON/S WHO GREATLY INFLUENCE YOUR LIFE			
Name:		Relationship:	
Briefly state why:			

2. Individual Inventory/Analysis Service of Students with Special Needs and Persons with Disabilities



3. Referral for Counseling Service for Students with Special Needs and Persons with Disabilities



7. Guidance Counselor Referral Form

GUIDANCE COUNSELOR REFERRAL FORM		
Date:		
To: The Guidance Counselor		
The following student/s is/are referred to your office for testing.		
Name:	Program/Year Level	Reason/s for Referral
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Referred by:		
Position:		

8. Non-Suicide Contract

NON-SUICIDE CONTRACT																	
Please Check: <input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Nasugbu Campus <input type="checkbox"/> Malvar Campus <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Lemery Campus <input type="checkbox"/> Rosario Campus <input type="checkbox"/> Balayan Campus <input type="checkbox"/> San Juan Campus <input type="checkbox"/> Lobo Campus																	
I, _____ (name) _____, a student of Batangas State University agree that so long as I am a client of _____ (name) _____ I take the responsibility for my welfare and agree that I will not attempt to cause harm to myself.																	
I promise not to attempt to commit suicide. I agree to get rid of all thoughts and activities that would result in intentionally causing harm or death.																	
If ever I am having thoughts of suicide, a feeling like I want to kill myself, and/or having the urge to cause harm to myself, I will:																	
1. Remind myself that _____ (Parents/Friend's Name) _____ and _____ (Parents/Friend's Name) _____ care deeply for me and do not want me to harm myself.																	
2. Remind myself that I will never attempt to commit suicide.																	
3. I will call my parents, guardians, friends immediately if I feel that I could hurt myself at that moment.																	
4. I will call the following phone numbers if I am feeling suicidal or if I feel that I cannot keep this promise.																	
I realize that this contract is part of my counseling contract with my counselor/facilitator at the Office of Guidance and Counseling.																	
<table border="1"> <thead> <tr> <th>Name of Parents, Friends, etc</th> <th>Mobile Numbers</th> <th>Home/ Landline Numbers</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Name of Parents, Friends, etc	Mobile Numbers	Home/ Landline Numbers												
Name of Parents, Friends, etc	Mobile Numbers	Home/ Landline Numbers															
I agree to come to my next appointment on _____ with _____.																	
Signature over Printed Name of Student		Date Signed															

6. Student Information Sheet page 2 of 2

LIVING ARRANGEMENT
Parents (Pls. Check)
 Living together _____
 Permanently separated _____
 Legally Separated/ Marriage annulled _____

Own House _____ Living with Relatives _____ Boarding House _____ Apartment _____
 Address: _____
 Telephone No. _____ Name of land lady/lord _____

MEDICAL HISTORY
 Have you received therapy, counseling or treatment in the past? Yes _____ No _____
 When? _____ With whom? _____
 Please describe any current medical condition or history pertinent to problem:

 Please describe any family history of medical and/or psychological problems:

Are you currently taking any medications? Yes _____ No _____ (If YES, Please list them below):
 Medication _____
 Dosage _____
 Frequency _____

Indicate which might have applied during your childhood and/or adolescence:
 School Problems _____ Medical Problems _____ Legal Problems _____
 Family Problems _____ Social Problems _____ Drug/Alcohol Problems _____

Are you enjoying any scholarships now? (Pls. Check)
 Yes _____ No _____
 Pls. specify what kind: _____
 Other person/s who financially supports you _____

Thank you for taking the time to complete this form!
 The information you have provided will enable us to better serve your needs.

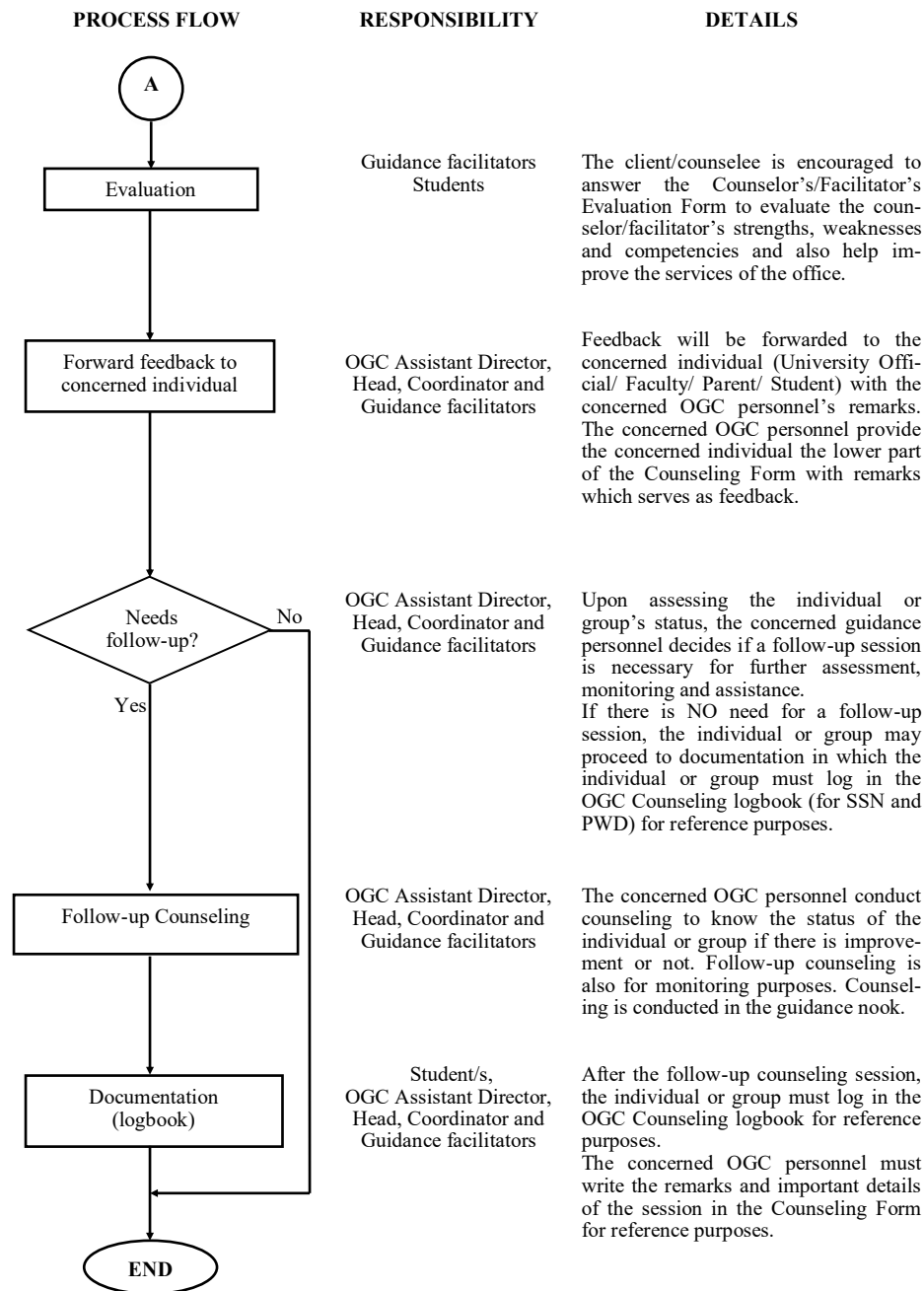
Authorization and Consent to Release Information

I, the undersigned, hereby authorize the Office of Guidance and Counseling (OGC) to release any information that may have been obtained from my physical, psychological and psychiatric examination or treatment, with the understanding that the OGC will use the aforementioned in determining my admission, retention and/or dismissal from this institution. I also allow the Office of Guidance and Counseling (OGC) to use the information for research purposes.

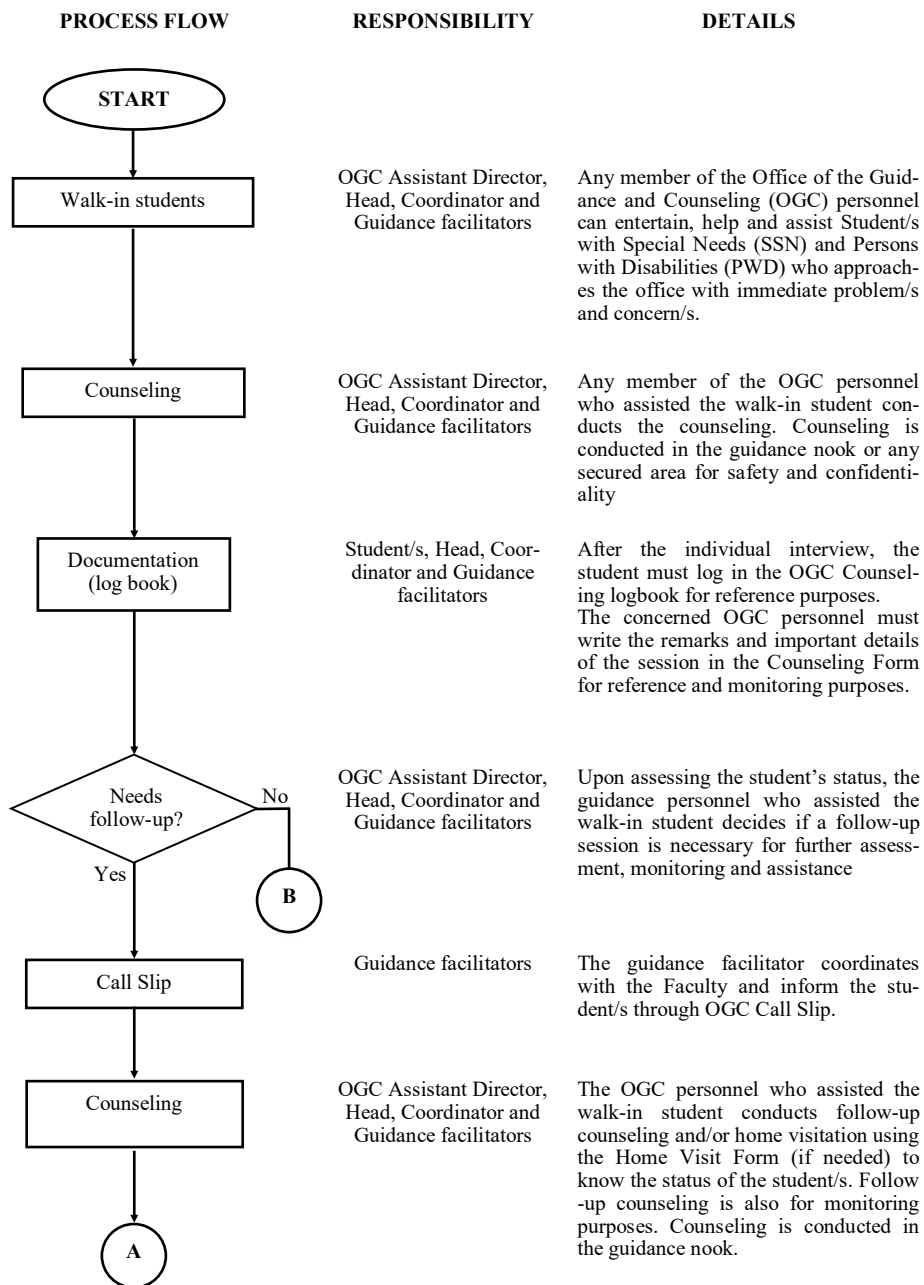
 Signature over Printed Name

 Date

3. Referral for Counseling Service for Students with Special Needs and Persons with Disabilities



4. Walk-in Counseling Service for Students with Special Needs and Persons with Disabilities



6. Student Information Sheet page 1 of 2

STUDENT INFORMATION SHEET																							
Please Check: <input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Nasugbu Campus																							
<input type="checkbox"/> Malvar Campus <input type="checkbox"/> Lipa Campus <input type="checkbox"/> Lemery Campus																							
<input type="checkbox"/> Rosario Campus <input type="checkbox"/> Balayan Campus <input type="checkbox"/> San Juan Campus <input type="checkbox"/> Lobo Campus																							
NOTE: In every person's life is a developing story. The person you are today is a result of your experiences and upbringing, dreams and desires. Sometimes it is tempting to rush through forms like this, please take some time to reflect on your life. The OGC promises to abide by the confidentiality statement explained in the counseling agreement. Please read carefully the last part (at the back) of this form/sheet before you sign.																							
PERSONAL HISTORY		Date: _____	SR Code: _____																				
Full Name _____		Program/Year _____																					
Address (Home) _____																							
Home Phone No. _____		Date of Birth _____																					
Mobile No. _____		Age _____																					
E-mail address _____		Gender _____																					
Civil Status _____		Spouse's Name (if married) _____ Spouse's																					
Contact No. _____																							
Religion _____																							
Name of Father (if living) _____		Name of Mother (if living) _____																					
Age _____		Age _____																					
Office No. _____		Office No. _____																					
Mobile No. _____		Mobile No. _____																					
Highest Educational Attainment _____		Highest Educational Attainment _____																					
Occupation _____		Occupation _____																					
Name of Company _____		Name of Company _____																					
Nature of Business _____		Nature of Business _____																					
If OFW (what country?) _____		If OFW (what country?) _____																					
Monthly Income (Pls. Check one) _____		Monthly Income (Pls. Check one) _____																					
Below 5000 _____		Below 5000 _____																					
5000-15,000 _____		5000-15,000 _____																					
16,000-25,000 _____		16,000-25,000 _____																					
26,000-35,000 _____		26,000-35,000 _____																					
36,000-45,000 _____		36,000-45,000 _____																					
46,000-55,000 _____		46,000-55,000 _____																					
56,000 & above _____		56,000 & above _____																					
Guardian's Name: _____		Relation to you: _____																					
Home Address: _____		Home No. _____ Mobile No/s. _____																					
SIBLINGS																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NAME</th> <th>SCHOOL/COMPANY</th> <th>AGE</th> <th>CONTACT NO.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				NAME	SCHOOL/COMPANY	AGE	CONTACT NO.																
NAME	SCHOOL/COMPANY	AGE	CONTACT NO.																				
EDUCATIONAL HISTORY																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>SCHOOLS ATTENDED</th> <th>YEAR GRADUATED</th> <th>HONORS/AWARDS RECEIVED</th> </tr> </thead> <tbody> <tr><td>Elementary</td><td> </td><td> </td><td> </td></tr> <tr><td>High School</td><td> </td><td> </td><td> </td></tr> <tr><td>College</td><td> </td><td> </td><td> </td></tr> <tr><td>Others (pls. specify)</td><td> </td><td> </td><td> </td></tr> </tbody> </table>					SCHOOLS ATTENDED	YEAR GRADUATED	HONORS/AWARDS RECEIVED	Elementary				High School				College				Others (pls. specify)			
	SCHOOLS ATTENDED	YEAR GRADUATED	HONORS/AWARDS RECEIVED																				
Elementary																							
High School																							
College																							
Others (pls. specify)																							

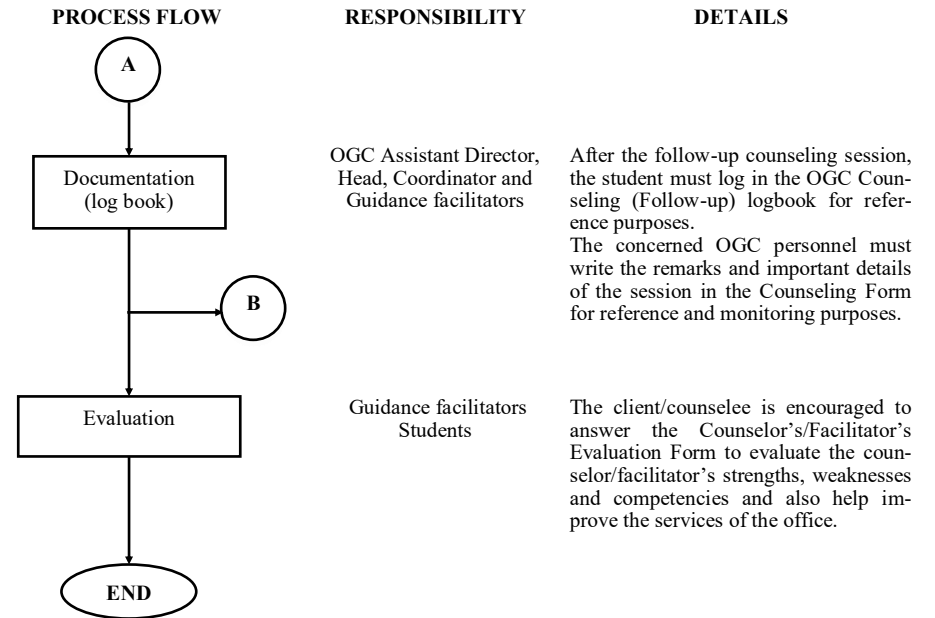
4. Release of Information Form

RELEASE OF INFORMATION FORM																			
Please Check: <input type="checkbox"/> GPB Main Campus I <input type="checkbox"/> GPB Main Campus II <input type="checkbox"/> Nasugbu Campus																			
<input type="checkbox"/> Malvar Campus <input type="checkbox"/> Lipa Campu <input type="checkbox"/> Lemery Campus																			
<input type="checkbox"/> Rosario Campus <input type="checkbox"/> Balayan Campus <input type="checkbox"/> San Juan Campus <input type="checkbox"/> Lobo Campus																			
<p>In order to protect your right to confidentiality, your written authorization is required if you request information to be released to another person or agency. Counseling records are kept separate from your educational record for confidentiality purpose. However, letters written to faculty and staff, for petitions, for recommendations, or other such released information becomes the property of the recipient, and in some cases, may become a part of your educational record.</p> <p>This form authorizes the Office of Guidance and Counseling to release information concerning:</p>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">Client's Complete Name:</td></tr> <tr><td>Program and Section:</td><td>I.D. Number:</td></tr> <tr><td colspan="2">Present Home Address:</td></tr> <tr><td>Mobile Number:</td><td>Home Tel. Number:</td></tr> <tr><td colspan="2">To the following person or agency:</td></tr> <tr><td colspan="2">Name of Person or Agency:</td></tr> <tr><td colspan="2">Mailing Address:</td></tr> <tr><td colspan="2">Phone Number/s:</td></tr> </table>				Client's Complete Name:		Program and Section:	I.D. Number:	Present Home Address:		Mobile Number:	Home Tel. Number:	To the following person or agency:		Name of Person or Agency:		Mailing Address:		Phone Number/s:	
Client's Complete Name:																			
Program and Section:	I.D. Number:																		
Present Home Address:																			
Mobile Number:	Home Tel. Number:																		
To the following person or agency:																			
Name of Person or Agency:																			
Mailing Address:																			
Phone Number/s:																			
<p>Such information may include a summary of any diagnostic, treatment, or testing information that is in my file at the Counseling Center.</p>																			
<p>_____ Client's Signature (18 years old and above)</p>		<p>_____ Parent's or Guardian's Signature over Printed Name (for Client's below 18 years old)</p>																	
<p>_____ Date Signed</p>		<p>_____ Date Signed</p>																	

5. Psychometrician Referral Form

PSYCHOMETRICIAN REFERRAL FORM		
Date:		
To: The Psychometrician		
The following student/s is/are referred to your office for testing.		
Name:	Program/Year Level	Reason/s for Referral
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Referred by:		
Position:		

4. Walk-in Counseling Service for Students with Special Needs and Persons with Disabilities



Forms

1. Student Information Updating Form

STUDENT INFORMATION UPDATING FORM			
<input type="checkbox"/> GPB Main Campus I	<input type="checkbox"/> GPB Main Campus II	<input type="checkbox"/> Nasugbu Campus	<input type="checkbox"/> Lobo Campus
<input type="checkbox"/> Malvar Campus	<input type="checkbox"/> Lipa Campus	<input type="checkbox"/> Lemery Campus	
<input type="checkbox"/> Rosario Campus	<input type="checkbox"/> Balayan Campus	<input type="checkbox"/> San Juan Campus	
Semester:	AY:	Academic Program:	Year Level:
Last name:		First name:	M.I.:
Contact no:		Email Address:	
Present Address:			
Civil Status:	If married, name of Spouse:		
Person to be informed in case of emergency:			
Relationship:		Contact No:	
Address:			

2. Request for Certificate of Good Moral Character (Front Page)

REQUEST FOR CERTIFICATE OF GOOD MORAL CHARACTER	
Note: Please complete the information below	Date:
Student's Name:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
SR Code:	Campus:
Program:	Year & Section:
Purpose (please check): <input type="checkbox"/> OJT <input type="checkbox"/> Scholarship/Financial Assistance <input type="checkbox"/> Employment <input type="checkbox"/> Board Exam <input type="checkbox"/> Others, please specify: _____	
For OJT purpose only: (No payment) I certify that Mr./Ms. _____ has attended the OJT Orientation. <div style="text-align: right;">_____ Signature Over Printed Name OJT Coordinator</div>	
I certify that Mr. /Ms. _____ has /has not incurred any Indicate Offense ◊ minor offense _____ ◊ major offense _____ <div style="text-align: right;">_____ Signature Over Printed Name Discipline Coordinator</div>	
For procedures and requirements needed, please see back page.	

2. Request for Certificate of Good Moral Character (Back Page)

<p>General Procedure:</p> <ol style="list-style-type: none"> Secure the signature of the Office of Student Discipline (OSD) Head/Coordinator. Pay a fee of thirty pesos (Php 30.00) at the Cashier's Office. Be sure to secure the official receipt. Secure documentary stamp at the BIR. <p>Note: For OJT purposes and Students who will represent the University in regional, national and international competitions payment is not required.</p> <p>Requirements Needed: (Depending on the purpose)</p> <p>A. For school requirement: (Transferees)</p> <ol style="list-style-type: none"> Present the accomplished Exit Interview Form. <p>B. For employment, licensure examinations and further studies:</p> <ol style="list-style-type: none"> Submit a photocopy of diploma or Transcript of Records (TOR). <p>C. For scholarship purposes:</p> <ol style="list-style-type: none"> Submit a photocopy of application form of scholarship Submit a photocopy registration form (current semester) Submit a photocopy grades from previous semester <p>D. For TOSA applicants:</p> <ol style="list-style-type: none"> Submit a photocopy of TOSA application form of scholarship (for scholars only), Submit a photocopy registration form (current semester) Submit a photocopy of any proof of application of honors/awards to any organization. <p>E. For OJT purposes: (No payment)</p> <ol style="list-style-type: none"> Submit a photocopy of registration form (current semester), Request for Certificate of Good Moral Character (CGMC) Form signed by the OSD and OJT Coordinator. Undergo initial interview/career advising and mentoring for assessment. <p>F. For students who will represent the University in regional/ national /international competitions: (No payment)</p> <ol style="list-style-type: none"> Submit a photocopy of registration form (current semester) Submit a photocopy of an approved letter of the event and; Submit a photocopy of any proof that the student is part of the competition (invitation, application or line-up of players).

3. Report of Absences

REPORT OF ABSENCES			
Please Check:	<input type="checkbox"/> GPB Main Campus I	<input type="checkbox"/> GPB Main Campus II	<input type="checkbox"/> Nasugbu Campus
	<input type="checkbox"/> Malvar Campus	<input type="checkbox"/> Lipa Campus	<input type="checkbox"/> Lemery Campus
	<input type="checkbox"/> Rosario Campus	<input type="checkbox"/> Balayan Campus	<input type="checkbox"/> San Juan Campus
			<input type="checkbox"/> Lobo Campus
Student's Name:		Year Level:	Program:
Section:		AY:	
Course:		Schedule:	
Number of Absences:		Date/s:	
<p>Remarks:</p> <p style="text-align: center;"> _____ First Warning _____ Last Warning _____ Second Warning _____ Dropped </p>			
<p style="text-align: center;">_____ (Signature Over Printed Name) Instructor</p>			Date: _____