

Student Profile

Name: _____ Date: _____
 Nickname: _____ Course / Year Level: _____
 Mobile No.: _____ E-mail Address: _____

A. RESIDES IN: House Condominium Dormitory
 Address: _____

B. FAMILY BACKGROUND:

1. No. of Siblings: _____ No. of Bros. _____ No. of Sis. _____
 No. of Stepbros _____ No. of Stepsis _____
 No. of Half-bros _____ No. of Half-sis _____

2. Birth Order/Position: _____

3. Parents: Living Together Single parent/Widow/Widower Abroad

- With whom are you staying?
 Father Mother Relatives (paternal/maternal) Others: Please specify: _____
 Separated/Annulled for _____ months _____ years

4. In Case of Emergency:
 Contact Person (aside from parents) _____
 Relationship: _____
 Contact No: _____

C. FAMILY RELATIONSHIPS:

1. My father/stepfather is _____
 How is your relationship with your father/stepfather? Please explain.
 Close not so close/distant communication gap no communication

2. My mother/stepmother is _____
 How is your relationship with your mother/stepmother? Please explain.
 Close not so close/distant communication gap no communication

3. My brother/s/stepbrother/s/half-brother/s is/are _____
 How is your relationship with your brother/s/stepbrother/s/half-brother/s ? Please explain.
 Close not so close/distant communication gap no communication

4. My sister/s/stepsis/s/half-sister/s is/are _____
 How is your relationship with your sister/s/stepsis/s/half-sister/s ? Please explain.
 Close not so close/distant communication gap no communication

5. My paternal/maternal relatives are _____
 How is your relationship with your relatives? Please explain.
 Close not so close/distant communication gap no communication

D. PEER RELATIONSHIPS:

1. Mention your closest friends

Names	Place you met?	Contact Nos.
a.		
b.		
c.		

2. Are you presently in a romantic relationship? Yes No

a. Brief background of partner (name, age, course, school, etc.) _____

b. How long have you been going steady? _____ year/s _____ month/s

c. Where did you meet? _____ party _____ friends _____ family _____ others

d. Do your parents know about your relationship? _____ Yes _____ No

E. EDUCATIONAL INFORMATION

Grade/Year Level	School Attended	Inclusive Years of Attendance

Most favourite subject: _____

Least favourite subject: _____

Co-curricular and Extra-curricular activities:

F. CONCERNS

Do you have any concerns with the following? Please check (/).

1. Relationships

____ Family Relationships (Parents, Siblings, Relatives)

____ Peer Relationships (Boy/Girlfriend, Friends, Classmates)

____ Others please specify: _____

2. Mental/Emotional State/Personality

____ Depression

____ Anxiety

____ Insomnia

____ Eating Disorders

____ Shyness

____ Relating with others (socialization)

____ ADHD

____ Learning Disability please specify

____ Others please specify: _____

3. Physical / Health Concerns: _____

4. Academic Concerns

____ Professors

____ Administrators

____ Staff

____ Subject

____ Curriculum

____ Course

____ Policies

____ Others please specify: _____

REMARKS:

Name & Signature