



Malayan Colleges Laguna
A MAPUA SCHOOL

REVISION NO.: 05
REVISION DATE: May 7, 2019

CONSULTATION / COUNSELING NOTES

DATE					
M	M	D	D	Y	Y

NAME OF SERVICE USER	ID NUMBER	PROGRAM/ STRAND/YEAR/ DEPARTMENT	TERM / SY
(Last Name, Given Name, Middle Initial)			

NATURE OF TRANSACTION	PRESENTING PROBLEM / ISSUE / CONCERN:
<input type="checkbox"/> WALK - IN <input type="checkbox"/> REFERRAL <input type="checkbox"/> CGC INITIATED <input type="checkbox"/> INTERVIEW <input type="checkbox"/> ACADEMIC <input type="checkbox"/> PERSONAL/ SOCIAL <input type="checkbox"/> CAREER	

NOTES:	TIME STARTED	
	TIME ENDED	
ATTENDING CGC PERSONNEL: _____ SIGNATURE OVER PRINTED NAME		

THIS FORM WHEN DULY ACCOMPLISHED IS CONSIDERED CONFIDENTIAL.

CGC-060-04