



Republic of the Philippines  
**Department of Education**  
 REGION VI – WESTERN VISAYAS  
 SCHOOLS DIVISION OF ANTIQUE PROVINCE

**Instructions:**

- Please accomplish this form during your Home Visit to a learner.
- Provide one (1) copy of this form to the Guidance Counselor Office for recording purposes.

# HOME VISITATION FORM

Date of Home Visit: \_\_\_\_\_ Time: \_\_\_\_\_

## I. LEARNER'S INFORMATION

Name of Learner: \_\_\_\_\_ LRN: \_\_\_\_\_  
 Grade & Section: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender:  Male  Female  
 Age: \_\_\_\_\_ Address: \_\_\_\_\_  
 Name of Father: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 Name of Mother: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
 Name of Guardian: \_\_\_\_\_ Contact No.: \_\_\_\_\_

## II. PURPOSE FOR HOME VISITATION

- |   |   |
|---|---|
| <input type="checkbox"/> Learner's Attendance/Truancy/Tardiness | <input type="checkbox"/> Help Parent Receive Assistance         |
| <input type="checkbox"/> Learner's Health Status/Condition      | <input type="checkbox"/> Help Parents Tutor Son/Daughter        |
| <input type="checkbox"/> Learner's Behavior/Attitude            | <input type="checkbox"/> Permission for Learners to Participate |
| <input type="checkbox"/> Learner's Academic Progress            | <input type="checkbox"/> Explain School Program/Project         |
| <input type="checkbox"/> Family Information for Records         | <input type="checkbox"/> Others: _____                          |

## III. FINDINGS / REMARKS / AGREEMENT:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Conforme:

\_\_\_\_\_  
 Parent/Guardians Signature over Printed Name

\_\_\_\_\_  
 Student's Signature Over Printed Name

Prepared by:

Noted:

\_\_\_\_\_  
 Class Adviser / Subject Teacher Concerned

**JOCELYN C. CANGAYDA**  
 School Guidance Counselor-Designate



Address: Mag-aba, Pandan, 5712 Antique  
 Telephone No: (036) 278-9959  
 School ID: 302365