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

□ Learner's Attendance/Truancy/Tardiness
□ Learner's Health Status/Condition
□ Learner's Behavior/Attitude
□ Learner's Academic Progress
□ Family Information for Records
□ Help Parent Receive Assistance
□ Help Parents Tutor Son/Daughter
□ Permission for Learners to Participate
□ Explain School Program/Project
□ Others: _____

III. FINDINGS / REMARKS / AGREEMENT:

_____
_____
_____
_____
_____
_____
_____
_____

Conforme:

_____
Parent/Guardians Signature over Printed Name

_____
Student's Signature Over Printed Name

Prepared by:

_____
Class Adviser / Subject Teacher Concerned

Noted:

JOCELYN C. CANGAYDA
School Guidance Counselor-Designate

Address: *Mag-aba, Pandan, 5712 Antique*
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